

# COLLABORATION BETWEEN SOCIAL AND HEALTH CARE INSTITUTIONS IN PRIMARY HEALTH CARE (PHC) SOLVING HEALTH CARE PROBLEMS IN SOCIAL RISK FAMILIES: THE ONGOING RESEARCH PROJECT

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Considering current Lithuanian Primary Health care (PHC) problems such as insufficient orientation towards team work, lack

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of understanding of and intersectional collaboration principles with social workers, and cooperation between main PHC providers (family physicians and community nurses) fosters to solve the problems searching for new effective health and social care models. Rapid social changes had created a stress-filled environment for families. New challenges such as migration, economical problems, increasing drug abuse, crises of values, increases in mental health problems create conditions of social risk in families to appear. Statistical data show that number of families newly involved in the list of social risk at the beginning of 2011 was 10,9 thousand the number of children that grew in them — 23,3 thousand (Ministry of Social Security and Labour, 2011). Social risk families are characterized by “disruptive cooperation and emotional communication, where negative environment do not stimulate healthy and productive development of the personality, where adults are not able to support emotional and physical needs of children” (Methodical recommendations for work with social risk families, 2003). These families are living in stress-filled environment and are in great need of interdisciplinary approach searching for the best health and social services.

Collaboration between researches from different areas and fields of sciences (biomedical sciences, public health and social care sciences, social work) was performed aiming to reflect current intersectional collaboration principles between social workers and health care providers. Present situation of collaboration between social and PHC institutions providing services for families at risk will be assessed using triangulation technique. On the basis of the results and international experience, it is planned to provide and to present a new collaboration model of good practice (Open Dialogue) which will hopefully increase intersectional collaboration and will be efficient in the experimental PHC settings. Open Dialogue Approach (OD) is applied widely enough in Scandinavian countries within different settings (mental health outpatient clinics, hospitals, primary care). Following Open Dialogue Approach mobile crisis intervention teams are set up for specific cases. The institutions using OD provide possibilities for the staff to get specific training in the field. For example, in Finland, Western Lapland after the inpatient and outpatient staff (about are

100 professionals) participated in a three-year training program, in principle, all clinical staff members can be called upon to participate in these teams (Seikkula, Aaltonen, Rasinkangas, Alakare, Holma, Lehtinen, 2003). According the mentioned authors in a crisis, regardless of the specific diagnosis the same procedure is followed in all cases. If hospital treatment is considered, the crisis clinic in the hospital will set up a case-specific team for the crisis meeting. The team usually consists of two or three staff members from different agencies in accordance with the case's specific needs (for instance a social worker from the social office, a nurse and a psychologist from the local psychiatric outpatient clinic). The team takes a charge of the entire treatment sequence, regardless of whether the patient is at home or in the hospital and irrespective of how long the treatment is expected to last.

The supervision of the Open Dialogue team will be implemented during the project. The space to analyze problematic cases will be provided, discussions of project implementers and team members will be organized, needs assessment of social risk families and the comparison of social and health problems in pilot and control in PHC groups and evaluation of effectiveness of implementation of good practice model will be implemented. The case - control study of the efficiency of the new collaboration model will be performed in the families with increased social risk. The findings of the project will be a background for a further successful intersectional and multidisciplinary collaboration implementation in National level.

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