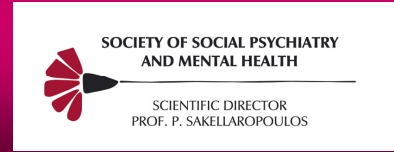# Developing a Health Care Network in a Rural Region
The case of "Akeso" in Fokida - Greece

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Society of Social Psychiatry and Mental Health 2012

SOCIETY OF SOCIAL PSYCHIATRY AND MENTAL HEALTH

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Why a Network - Background

In March 2010 we started working with the population and the local authorities on the establishment of "Akeso" health care network in the rural region of Fokida – Central Greece.

The idea for such an initiative emerged through the work of the Mobile Psychiatric Unit, another service Society of Social Psychiatry and Mental Health runs in the same region.

Having noticed **gaps and discontinuity** in the way health services users were being treated, as well as irregularities in the referral processes, Society of Social Psychiatry and Mental Health raised the issue of **collaboration** amongst services already in 2007. In that direction it organized two open forums, inviting representatives of the local health care services, the local authorities and citizens. Local authorities were the source of financial support for the initiative in 2010.

Goals

Goals of the network:
1. to inform and facilitate citizens that live in remote areas
2. foster collaboration between health care entities/services
3. empower and facilitate each health care entity
3. record health care needs and gaps in the region
4. infuse local population with the spirit of cooperation and trust

Stages of Development

1. Call: Open forums, invitational letters for participation and financial support
2. Structure: Meetings with prospective collaborative entities, assignation of collaborative representatives, map of all health services available in the region, development of communicational and referral protocol, activation of telephone line.
3. Reflection: New open forum to reflect on the experience and present the first statistics with respect to health needs. *Need for finding a common language and understanding each other's working roles.*
4. New structure: Monthly letters on news and scientific topics, use of a blog, co-organization of public speeches, cultural and thematic events in the community

Tables & Graphs

Fig.1: Organizational chart of "Akeso" Mental Health network.

Table 1		
Mean Values for Variables Kept per Request		
	Mean	**(SD)**
Needs total	4,42	(2,8)
Needs processed	4,15	(2,7)
Needs satisfied	1,94	(2,1)
Gaps (no available service in the region)	,25	(,7)
Ignorance (we did not know of an available service)	,01	(,1)
No activation of patient	1,25	(1,6)
No activation of service	,20	(,7)
Unavailable service	,24	(,6)
Confusion (we referred to the wrong service)	,12	(,4)
Reappearance of need (because of other unsatisfied needs)	,39	(,8)
Number of services we referred to	2,75	(2,0)
Request processing (Needs processed/ needs total)	,95	(,1)
Request satisfaction (Needs satisfied/ needs total)	,45	(,4)
Valid N (listwise)	N = 90	

Working areas

To establish "Akeso" health care network we took *actions* on the three following areas:

Citizens' information
(use of posters, brochures, local mass media, social media, personal meetings with officials and influential people in the community, visits at all schools in the region even the most remote ones)

Development of collaboration
(introductory letters and meetings with each of the prospective collaborative entities, development of communication and referral protocol, assignation of collaborative representatives from all entities in the network, regular request managerial meetings, feedback meetings, co-organization of public speeches, cultural and thematic events in the community, monthly letters on news and scientific topics, use of blog)

Recording and evaluation of health care requests, needs and gaps
(telephone line that accepts, records, refers and keeps truck of the health requests, map of all the health services available in the region, development of pool with all possible health needs – encoding in 8 categories of 65 needs, construction of rating tool to evaluate requests' processing every six months.

Empowerment of health entities
(statistical recording of health needs and gaps, raising of the issues in the community, update the Prefecture of Fokida and Ministry of Health, use of volunteers)

Conclusions

NEEDS
-Akeso has dealt with over 450 health or social needs. 47% of the requests came directly from citizens. 42% of these citizens had been informed from some public non psychiatric health entity. In most of the times (82%) some "other" society member called in the name of the patient. This was a woman in 61% of the cases.

POPULATION
-33% of the patients were unemployed, 30% of them were farmers, 40% had not completed the basic education and 50% were not married.

PRESENT & FUTURE CHALLENGES
-How can we increase cooperation and awareness of each other's working cultures and roles in order to facilitate people in need?
-How can we "adjust" to locals' social structure?
-How can we remain open to "restructuring"?
-How can we stay "functional" in light of the new financial situation?