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|  | **PROTOCOL  for  PROFILES   of  study case's  D-&-WB**  When the solution of complex situations seems impossible*:   how to listen  for a deepest  understanding ?* When the body speaks through his silence and his wounds:   *who will listen and hear before intervening?* |
| ***N.B. The PROFILE more than a PHOTO is a RADIOGRAPHY which will facilitate the comprehension of the inter - action  and the causes. NOT MORE than 2 pages. Attention please PROTECT PRIVACY OF EACH ONE*** | |
| 1. **BACKGROUND and environment / context  of**  profile of the person in relation to : the condition of ‘***dignity’ and 'health***' in which these people live.   What kind of interrelation between these dimensions:   **-   time**, in relation to the chronic situation;  **-   abandonment**, in relation to the breakdown of any relationship and link;  **-   refusal** , in relation to any institutional offer of care and assistance services | |
| N. was born in 1967 in Chios (Greek island), but when he was two years old he and his family moved to the USA. He is single with no children. He has a younger brother. His mother died 15 years ago; his father has been remarried and lives in the USA.  N. graduated secondary school and lived in the USA until 2014. After his mother’s death, with whom he was very close, he started behaving in a deceptive manner. He wanted to become rich and independent, as he thought that if his family had money his mother wouldn’t have died. But soon afterwards he was arrested for drug possession and use and was sentenced for 4 years. When he came out of prison he tried to find a job in his uncle’s restaurant but he was not paid enough and he quitted. He started doing illegitimate things again and consequently he passed another 6 years in prison for carjacking and undeclared labor. When he was released, he was expelled from the country as he had no American citizenship. He didn’t inform his father or his brother about that because he was embarrassed and this is how he ended in Greece, sleeping in the streets.  N. visited the Day Center for Homeless (D.C.f.H.) of NGO PRAKSIS in Piraeus in June 2015 for the first time andhis initial request was the use of sanitation services (shower and clothes). At that time he was sleeping at a shelter of UNESKO. He was also under legal advisory and support by an NGO for ex-prisoners named “Epanodos” (=Comeback).  While he was a beneficiary in the Day Center for Homeless of the NGO PRAKSIS in Piraeus he also visited the Day Center for Homeless of the same NGO in Athens, although this is not allowed. When this was discovered he was asked by the social worker in Athens to leave. He got furious, started accusing the staff that they intended to harm him and finally he had a violent outbreak; he hit a beneficiary in the head with a tether and threatened that he would kill them all. He locked himself in an office and took one of the beneficiaries with him as a hostage. As this was not the only violent incident, the staff called the police and he was taken first to the police station and then for involuntary admission to a psychiatric hospital. | |
| 1. **HEALTH:  physical  and  psychic conditions.** All additional information on the health situation,  information on hypothetic or declared diagnoses including:  - interaction between mental and physical condition;  - influence of the health condition on the lifestyle of a person;  - history of interruptions and resumptions of medical services provided to the person,  - orientation and opinions of the medical players in respect to the person;  - interdependence of psychosocial distress in cases where two people of the same family circle are involved | |
| During his hospitalization N. mentioned to the doctors that he was brought and left in the borders of Greece by agents of the FBI. He also expressed paranoid thoughts and aggressiveness. Consequently, he was diagnosed with ”Severe psychotic syndrome, drug use inclination (sisha and cannabis) and aggressive behavior-verbal and physical”. Since then he has been under medical treatment.  After a few weeks in the psychiatric hospital, N. returned to the hostel of UNESCO under order to be followed up every month. Additionally, he was under the support of Day Center for Homeless of NGO PRAKSIS and PRAKSIS Polyclinic as well. Unfortunately, soon afterwards he had another violent outburst, in the D.C.f.H. in Piraeus.  But this time, with the intervention of the male nurse and the social worker of the Centre he was persuaded to go for voluntary hospitalization. In the hospital he admitted that he didn’t take his medication, therefore auditory hallucinations and paranoid thoughts were still troubling him.  Due to his attitude (he had a few violent episodes in the hostel and an unstable behavior) he was expelled from the hostel of UNESCO and ended up sleeping at the port of Piraeus. Fortunately, he had built a strong relationship of trust with the male nurse of the D.C.f.H., therefore he accepted taking his daily dose from the D.C.f.H. and having a follow up by the volunteer psychiatrist of the Center. In addition, thanks to the nurse’s continuous and genuine interest, N. eventually started feeling safe and expressing himself.  At this point, the D.C.f.H. started cooperating with the association “Society of Social Psychiatry and Mental Health (SSP&MH)” in order to provide more efficient and integrated services to homeless people with psychosocial problems. Therefore, a psychologist from SSP&MH had a weekly presence in the D.C.f.H. | |
| 1. **INTERVENTIONS description :** presentation and evaluation of the history of interventions with their difficulties, successes, failures, including the circumstances of the person’s first contact with the organized assistance; clarification of the objectives of the intervention in its various stages; description, if needed, of specific operational solutions; stating the reasons for compulsory sanitary treatment . - What kind of intervention – in health + social field - success of non-success depends of …; - Highlight the correlations between the objectives to be pursued, programmed interventions and outcomes...  – Innovative practices | |
| With this setting, N. started having weekly sessions with the psychologist from SSP&MH (May 2017 until today), aiming at his psychological support, empowerment and guidance. His clinical situation was gradually improved due to combination of counseling and medication. Therefore, he became less aggressive and paranoid whereas he was more “open” to talk about himself.  Although he didn’t visit the Day Center in regular basis, he was there on time for the sessions and he was looking forward for them. He said that it was the only reference point in his life and made him feel resilient. In one of these sessions he said that he also used to visit a psychologist during the prison period and it was very helpful for him.  Meanwhile, with the support and guidance of both the psychologist and the social worker, N. got his Tax Registration Number and applied for a social allowance. This will help him to save money and rent an apartment. These adjustments relieve him, as in the past he was robbed twice while sleeping at the port. Unfortunately, during our intervention he was robbed again for the third time. They stole his bag of painting materials forcing him to stop painting and selling them. This theft led him to despair and he “returned” to drug use.  Thanks to the trust he had to the staff of the Center he told them about the drug use and they in turn informed the psychiatrist; he modified the dose in order to help him overcome his anxiety and despair.  In addition, the psychologist suggested N. to have daily presence at the D.C.f.H. and a few extra sessions with the social worker, as he needed extra care and the psychologist was at the Centre only once a week. He seemed relieved by this proposal. For the first time in his life he was taking care of instead of being punished. This coordinating effort from all the members of the multidisciplinary team created a safety net for N. The team became the family he never had. So he started feeling better.  But this didn’t last long. As he was flashing back to his life and regretting for his mistakes he believed that nothing could change in his life; A feeling of despair overwhelmed him and he admitted that he had suicidal and self-destruction thoughts. Therefore, the psychiatrist modified his medication again and the psychologist proposed to N. two things:   1. To visit the Day Centre in daily basis and have a brief session with either the social worker or the nurse. In case of intense suicidal and self-destruction thoughts he was advised to inform the staff immediately. 2. To start painting again in daily basis despite his lack of inspiration and his feeling of despair. He could paint whatever he wanted without thinking about the esthetic outcome. In the sessions he could discuss about these paintings and his feelings. As a result, he expressed his anxiety and despair and gradually they were replaced by feelings of hope and determination.   His words from that period are characteristic:   * “Prison is better than homelessness. There you could sleep and eat…However, prison affects you physically and mentally. You feel that you are under a sheet and this keeps you “down”. You “forget” you have a body. For this reason, I acted regular exercise”. * “The most valuable thing in life is to have a key and open the door of your home… In different case, you feel “lost”. Everything seems to be in vain”. * “I want to do something for my life. I can’t wait for the allowance to be approved. I have to find a job, to have my own money”   It was then that he decided to go to Chios and work there as a street painter/artist. He said that he had relatives there and he believed that they could support him. He was encouraged to search for more information about his relatives before going to the island, so he started searching for his mother’s brother, who lives in the USA permanently but visits Chios every summer.  At the same time the social worker was trying to find him a temporary shelter. For this reason, the psychologist along with the social worker went to Unesco to meet the social workers there. They reassured them that N. had made huge steps since last time he was staying there. He was not aggressive anymore; he was taking his medication steadily and made plans for the future whereas he had stopped using drugs. Drugs were his effort to help himself reduce the anxiety and the psychotic fear he had, so he didn’t need them anymore.  Meanwhile, N. participated in a street fiesta that was organized by the D.C.f.H. under the umbrella of the municipality of Piraeus and during the fiesta he painted in front of the audience. The painting was so good that the municipality bought it for 200 euros. That made him regains his self-confidence and start seeing himself as an artist instead of a homeless and hopeless person. On the other hand, it convinced the social workers of Unesco that he had changed so they accepted him back as soon as they had a spare bed.  The first night in the shelter N. was very anxious and was unable to fall asleep. After a year sleeping at the port he found it difficult to sleep in a closed space.  At the present time, he is organizing his first personal exhibition with the help of the staff of Unesco and he is excited about this project. Additionally, his allowance has been approved and our concern has to do with his financial management, as he is inclined to spend without planning. Consequently, a joint management with the staff support on the use of the allowance is necessary, at least for the beginning. | |
| 1. **WORKERS & NETWORK:**  - One or many actors? - Does the networking and cooperation between actors exist or not?  - What kind of collaboration between public and private sector?  - What kind of multidisciplinary performing synergies between social, health services and... others?  - What kind of co-working and co-responsibility between Institutions - Associations - Administrations? - What are the institutional and legal barriers and limitations to providing adequate assistance (cumbersome, poorly  defined procedures, “vicious circles”; resources and financing).  - What obstacles could be overcome by “creativity” of the operators in the face of the unhelpful of confusing legislation? | |
| As it has been already mentioned analytically before, this particular intervention and the fruitful results became feasible through the cooperation of the Day Center for Homeless of NGO Praksis and Society of Social Psychiatry and Mental Health. Additionally, there was collaboration with other NGOs (e.g. Unesco, MdM), public hospitals and other public services as well (e.g. social services for his social allowance), but it was not official or institutional. As a result we didn’t have a continuous and systematic collaboration; despite our efforts it was not possible to receive feedback from the intervention of the other actors.  This also means that due to institutional barriers, no service was really responsible for N. and certainly no service alone could meet his multilevel needs. In addition, this poses the burning issue of the lack of specialized interventions for the most vulnerable group among homeless people. The paradox is: Mental illness is strongly related to homelessness. Despite that fact, mentally ill homeless people fall between the lines and do not "fit" to the bureaucratically organized services…Neither the services for homeless can accept them if they have a disturbing behavior nor the services for mentally ill can reach them, as the housing services for people with severe mental health problems are designed for people who are discharged from psychiatric hospitals. | |
| 1. **PROPOSALS:** What proposals of possible and innovative interventions when the solution of complex situations seem impossible?  - What pathways,  what specific priorities could be taken for priority recommendations?  - Make the proposals as concrete as possible and avoid generalities. | |
| The best intervention for homeless people with mental health problems is the combination of Housing First and Assertive Community Treatment (e.g. off-site mobile service), as we have to ensure housing before designing and implementing any other multilevel interventions.  Lockers in every Day Center would also be a solution for many people who live in the streets and they are often robbed.  Additionally, through the Greek network for Housing Rights it could be developed coordination among the NGOs in this field, in order our interventions to be more efficient. Our case did show that the model of networking and joint intervention can be proposed as a good practice.  Coordinated and complementary interventions through networking of services would be the only sustainable solution at this period of time. It is difficult to push for more services in a period of austerity measures (although we keep on trying); however a realistic solution would be better coordination to the existing services using all the available community resources.  Furthermore, the implementation of the National Operational Plan - continuum of services is now more necessary than ever. This action requires coordination of Ministry of Health and Ministry of Labor and Social Welfare.  Finally, promote Advocacy, mainstream human rights in the provision of services for homeless people and eventually promote self advocacy should be also taken into consideration. | |
| 1. Personal factors influencing the launching and continuation of assistance process:  - possible stigmatization of person taking charge or applying for assistance;  - sources of stress and burn-out for assistance workers;  - changes in staff during assistance process; clashing cultural aspects. | |
| In this case there were some factors that made the intervention more complicated:  -The existence of "double stigma" (mental health problems, involuntary hospitalization, prison)  - The stressful situation of suicidal thoughts; that was difficult to be addressed by the everyday staff in the Day Center, which poses the question for the need to support and supervise the assistants.  - The idea of Psychologically Informed Environments and Trauma Informed Care seems to be very crucial for people like N. who have faced multiple trauma, exclusion and punishment instead of an integrated and stable support. | |
| 1. **Overall assessment of the case**: strengths and weaknesses of the support net and/or interventions provided;  - synthetic judgment: the person's condition has improved/worsened or remained unchanged?   (in relation to the assumed objectives relevant ethical issues related to the work;  - final thoughts, free. | |
| In this case there was the coordinating intervention by two actors with great experience in two different fields:   * NGO PRAKSIS has great experience in working with homeless people and people living in extreme situations (poverty, refugees etc) and * SSP&MH has great experience in working with severely mentally ill people in order them to avoid hospitalization and be treated in the community.   Therefore, integrated services and personalized intervention were achieved and N. didn’t have another hospitalization; Next step was then his empowerment, development of his self-esteem and control of his life. The question he had to answer was: How do you see yourself in the future? As homeless and hopeless person or as an artist with potentials?  Since N. is very fragile and he falls from enthusiasm to anxiety and hopelessness very easily, we have to be very cautious and supportive to every step he makes and be there for any possible relapses.  What did work in a very fruitful way in this case was the initiative and motivation of the staff of the Day Center for Homeless of NGO Praksis and the favourable condition of the pilot collaboration with Society of Social Psychiatry and Mental Health that offered the time of a psychologist once/week. This interdisciplinary team collaborated also with the team of UNESCO shelter and managed to offer stable, long term and multilevel support and thus to meet the health and housing needs of N.  Conclusively, we argue that networking, integrated services and good coordination among services can be proposed as a good practice in order to meet the diversity of needs of homeless people who also face mental health problems. | |

***OPTIONAL:* Complementary elements** on the situation of gradual degradation in terms of both physical and mental health

**DIVERS: ....**