

HEALTH Pillar

By Victor Soto

Health Group A workshop summary

(Athens 9th May 2018)

The idea of this summary is to be able to recollect in a simple and concise way the ideas that were presented and expressed only in the workshop about Health. I will try and be brief in order to facilitate our further elaboration and editing of some of the contents. I will also try and keep the basic structure suggested in Athens as a template of the comments, but during the workshop such a structure was not followed.

1. Introduction- why this pillar.

Not discussed in the workshop

2. Main ideas to highlight.

- Accessibility. The importance of direct access to care and resources, even for people which are undocumented, or at least possible established routes. Also discussed the importance of access and knowledge to rights regarding health.
- Aftercare. Though it is of great importance, aftercare is sometimes a characteristic which is not taken into account before discharge from hospital.
- On Outreach, it was suggested it was both a detection strategy and a follow up strategy(more content regarding this style of approach will be produced as a separate chapter). Outreach seen as both a mental health approach and a medical approach.
At this point we discussed the use of mobile health units, as a specific strategy of outreach.
- The idea of proactive styles , versus a more receptive style approach. We understand that on occasions these styles have to do more with national cultural attitudes, economic circumstances or specific paradigmatic approaches to mental illness and homelessness.
- Follow up techniques and interventions should be briefly described, e.g: intensity, frequency.. basically a brief description of the “know how”, which have been described in some of the summaries available.

- Networking. We briefly discussed that it is a characteristic that different resources should have as a structural base to work with people which are homeless and with mental health problems. Shelters, soup kitchens, shower facilities, all of them should have the possibility of proposing or offering interpersonal routes either formal or informal, that will help develop person centered networks.
3. Difficulties expected, barriers.
- Attention drawn to communication barriers.
 - Cultural aspects of behaviour, treatment and symptoms.
 - Concept of revolving door homeless person. Revolving door in relation to any type of resources.
4. Good practice.
- Hospitalization:
 - Well established and agreed compulsory admissions procedures
 - The need to have clear organized, established preadmission protocols (e.g: sending assessment and reports of the person prior to admission, and negotiating a bed to be used when available)
 - Continuous contact of homeless team with hospital staff whilst person admitted .
 - Predischarge meetings in any type of hospitalization (mental/medical) with presence of hospital team and the homeless team with social worker to plan future accommodation, and organize the follow up plan.
 - Training staff in cultural aspects of mental health, not only focusing on European paradigms.
5. Practical case to discuss in context of training.
(not discussed in the workshop)

Facilitator
Victor Soto