



**PROTOCOL for redaction of PROFILES of study case's
for D-&-WB workshops inter-vision & evaluation
about : background - health - intervention - network - proposals**

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

Joe is an Irish male in his early 50's. Joe was placed into state care at an early age and has no relationship with his birth parents. Joe has tried to look for his birth parents on a few occasions but has been unsuccessful. Following admission into the care system, Joe was placed in a foster home in which he experienced physical and sexual abuse from his foster father. Joe advises that he still experiences flashbacks from his negative childhood experiences. Following on from his foster home, Joe developed an alcohol dependency at an early age. Joe got married to an alcoholic and had three children. During this marriage, Joe experienced domestic violence from his wife which resulted in a few hospitalisations. Joe's marriage broke down and in order to protect himself became homeless. Joe spent between 5 and 7 years living on the streets linking in with homeless outreach services before seeking a long-term bed in a men's hostel. Joe's room was shared with another male resident. At this time, Joe became linked in with the ACCESS Mental Health team for Homeless People and began to engage with mental health services. Joe would go through periods of attending his mental health appointments, remaining sober and taking his prescribed medication. Joe is a talented poet, who uses poetry to communicate his emotions. Joe advises that living in a hostel environment is difficult to keep himself safe. Joe's three children would visit him in the hostel and demand money from him. Joe's children would threaten him which would result in Joe reverting to alcohol use and his mental health would deteriorate. Joe had many suicide and overdose incidents in the Hostel and was supported by the 24hr staffing.

Joe was referred into Sophia Cork Street Long Term accommodation following a period in which he appeared to be proactive about seeking supported accommodation and was engaging positively with services. Following an interview and support letters from the mental health services supporting Joe, he secured accommodation in a one-bedroom apartment. Special provisions were created in his letting agreement which prohibits the consumption of alcohol in his apartment. This was requested by the mental health services as Joe's vulnerability increases when he is under the influence of alcohol.

Joe started to invite his friends over to his apartment and anti-social drinking started. Joe began disengaging with all supports and his visitors started to take over his apartment. Joe stopped taking his medication and took an overdose. After these lows, Joe would practice self awareness, identifying alcohol and his friends/family. Joe would start engaging in services and the cycle would start again. The alcohol use in Joe's apartment and the anti-social behaviour it brings leaves Joe and other tenants in the apartment block vulnerable. Joe can become very unwell and can be destructive to all his supportive relationships, these can include mental health professionals, friends, support staff. He will refuse all services which leaves him very vulnerable despite best efforts of all services.

2. HEALTH: physical and psychic conditions.

Following a suicide attempt, Joe has been left in a wheelchair. Joe has spent a lot of time in hospital but despite being supported to attend all medical appointments, Joe has decreased his chances of ever walking again by not attending appointments. This has had a huge impact on Joe's lifestyle as he can no longer use his bike to attend appointments and relies heavily on taxis which is a huge expense. Joe's pattern would be to attend some appointments and then his motivation decreases. Joe advised that he has trouble sleeping and then when this happens he reverts to alcohol and overmedicates. This is the ongoing pattern in Joe's health.

There have been ongoing admissions to the psychiatric units for overdoses and suicide idealisation. Joe appears to recognise when he needs to go into hospital and, once there, engages in services. Joe has spent time in other units in hospital due to neglect of his physical needs, disengaging with public health nurses and not having his dressings changed.

3. INTERVENTIONS description :

There have been homeless services and mental health services supporting Joe for approximately 15 years. A range of interventions have been implemented over the years. These include respite services and attendance in the day hospitals for three-week periods. All services involved try to facilitate a person-centered approach to support Joe. Befriending services

having been working with Joe for the last 15 years. All services, both housing and mental health services, support Joe as he would have a negative relationship with his family and is encouraged not to engage with them as they financially abuse him.

Joe identifies when he needs support and can present himself to the emergency department. The barrier that presents itself in terms of support is when Joe presents himself at emergency services with suicide idealisation and then is discharged and returns home to his apartment. If Joe is presenting a risk to himself during working hours (9-5pm), the mental health services working with him have been able to source him a bed in the hospital, so he does not have to go through the normal accidents and emergencies procedure.

At present, Joe receives home supports 7 days a week and two days personal care support. Joe's apartment has been adapted for his physical needs. Two mental health professionals link in with him weekly in his home. Joe's keyworker in Sophia links in with him twice weekly and follows up on any issues he might be having with all the services involved. There is an interagency meeting frequently and a working together approach is utilised to manage the case. However, a concern would be that Joe might be overly dependent on services and any disruption to his routine/appointments can upset him greatly and therefore the destructive path begins again. A person-centered planning approach is implemented across all professionals working with Joe and he is invited to attend meetings in relation to his needs. Joe can struggle sometimes to recognise his needs and can place himself in vulnerable circumstances, discharging himself into his family's care as he wants to get home. Attempts have been made by all professionals involved to meet with his family to explain the effect that his family have on his mental wellbeing. Joe's family refuse to engage.

Sophia have made some of Joe's unwanted visitors 'not permitted' on the grounds of the housing project. This means that if an unwanted visitor arrives on the project, the staff will ask them to leave and/or call the gardai for support. Joe does not want to make his family 'not permitted' and this cannot be fully implemented without his consent.

4. **WORKERS & NETWORK:**

There is currently a multi-disciplinary team in place supporting Joe, this is case-managed by his keyworker in Sophia Housing. This team consists of health care professionals, Public Health Nursing Team, Access mental health team, doctors, occupational therapists, befrienders and the housing support team. Communication is strong between all of the groups. Any decision in relation to issuing a warning or a risk that Joe might lose his accommodation is discussed with the mental health services and advice is sought.

5. **PROPOSALS:**

The interventions in place need to be monitored and reviewed regularly to ensure that all professionals are working towards the same goal. Hospitalisation can be beneficial as a safety plan. It would be beneficial if emergency services could be contacted when Joe begins his self-destructive piece and that he could not be discharged at night time if possible as services are closed and support staff are not onsite. It would also be beneficial to have more community supports available at the weekends, such as community psychiatric nurses etc.

6. **PERSONAL FACTORS INFLUENCING**

Housing staff have been exposed to very traumatic events which has resulted in staff needing extra supports. The vicious cycle of Joe's disengagement with services resulting in suicidal attempts adds extra pressure on services as they sometimes have to wait until a bad event occurs. It could be suggested that the high level of supports involved with Joe disempowers Joe in his own recovery and self-care.

7. **OVERALL ASSESSMENT OF THE CASE:**

From this case, the overall assessment would be that Joe's case has become more stable as there are a lot of supports in place and early response can take place that can preserve life. However other aspects have worsened over the years. Joe is heavily dependent on services and can be very demanding to staff and professionals involved. Given the patterns in Joe's mental health and the seriousness of the attempts on life, professionals can tend to meet Joe's demands.

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

DIVERS:

Please, send to : smeseu@smes-europa.org

When the solution of complex situations seems impossible, how to intervene?

Fictitious name	Joe Bloggs		Codex D&W:	
Gender	M	F		
Age	known:		hypothetic:	
Permanence time on the streets (in months)	known:		hypothetic:	
Permanence time on the shelters (in months)	known:			
	hypothetic:			
Hygienic conditions	Acceptable	bad	very bad	
Health conditions	acceptable	bad	very bad	
	diagnosis declared:			
	diagnosis hypothesized:			
Mental Health Conditions	diagnosis declared:			
	diagnosis hypothesized:			
Causes / factors of loss	housing:			
	health:			
In charge of	social services:			
	health services			
	mental health services			
Collaboration of people	with a request:			
	collaborative			
	indifferent:			
	oppositional:			
Interventions	net-working:			
	individualists:			
	complementary:			
	occasional:			
	sustainable:			
Pathways	alternative:			
	possible:			

