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| **ERASMUS+ Dignity & Well-being - Dublin Course**  **PROTOCOL for PROFILES of Homeless People**  **inter-vision & evaluation workshops** |
| ***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   John has lived on the streets of Lisbon since 2004 until 2017.  He has been discharge from psychiatric hospital, in 2004, with a double schizophrenia diagnosis and alcohol dependence. He missed a psychiatric consultation booked on March 13th 2004 and for many years he disappears from the health services, living closed to the largest football stadium of the country, always refusing to leave from that place.  One important world football match put him in a psychiatric emergency room for a couple of hours, but the psychiatrist of the general hospital decided not to use the compulsory psychiatric admission and he returned to the street. |
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| 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 |
| John suffered from schizophrenia and also had alcohol dependence and high blood pressure.  He had a delusion that 1000000 of women belong to him and had no insight for his disease. Always in a quiet and peaceful way, he refused any type of health help. |
| 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. |
| In 2016 it has been tried multidisciplinary interventions, with social and health professionals (public and private sector) and the Health Authority, in order to promoting compulsory conduction for evaluation in a hospital leading to a probably compulsory psychiatric admission.  Still, for administrative reasons he remained in the street for months, because he was never in the place of sleeping when the police arrived to conduct him to the hospital. |
| 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...other?  - 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? |
| Many different professional from social, health, municipality, belong to multiple institutions (hospitals, health centers, social security, municipality, police, health authority, multiple associations for homeless), public and private, were insufficient to solve the situation.  It was only when a psychiatric report has been made, that things begin to move, in a slowly way. And only when the psychiatrists and psychologists from the psychiatric hospital, who never given up, insisted with the Health Authority (who join us in a visit to the place were John were living) that it was possible to have the homeless psychiatric patient admitted in the hospital. |
| 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. |
| He never learn about counting in euro money. He believed that he has many houses and one million women.  On 20th September 2017 he entered in a “Housing First” program, but he has been there only for one day. He has returned to sleep in the streets, but accept the psychiatric admission again.  One month later, on 16th October, after 150 days of psychiatric admission (in an acute psychiatric acute unit for 16 days!) he went again to a house of “Housing First”, where he still remains. |
| 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. |
| For many years this situation has been very stressing for most workers, for many reasons: he was always calm, non-aggressive, some psychiatrists (of the general hospital) don’t wanted to activate the mental health law for compulsory admission and even after this has been possible the police never find him! |
| 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.   The joint work of many professionals allowed that, at the end, he has his own house. On 19th October he was clinical well, attending our Psychotherapeutic Open Group and psychiatric consultation, and finally our work in the way of a better life for him was going on. |
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***OPTIONAL:* Complementary elements** on the situation of gradual degradation in terms of both physical and mental health   
 **DIVERS: ....**

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