

HEALTH PILLAR

synthesis

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INTRODUCTION

Mental and physical health problems are strongly connected to homeless. Homeless die earlier and have a higher prevalence of mental and physical illnesses than general population. (bibliog)

Psychosis, multiple trauma and addiction are often causes of homeless, whereas emotional distress, anxiety and depression can be a response to homeless. (bibliog)

Physical health problems can also arise as an effect of the homeless hard way of living or be worsened because of lack of conditions for treatment. For example, if you suffer from diabetes, tuberculosis or other illnesses, it is hard to take care of health in the streets.

On the other hand, ties between health services and this population tend to be weak, making it probable that the worst health cases among the homeless are not being taken charge by the health services.

MAIN IDEAS

Accessibility:

Homeless tend to struggle with a complexity of problems making them to be easily perceived as difficult and become unwanted in the services. At the same time, homeless tend to have difficulty to deal with bureaucratic barriers, waiting lists and complicated treatment plans. The more rigid the services are the more easily the homeless are excluded and drop-out.

Health services should be aware that homeless mental and physically ill persons have difficulties in adhering to a treatment plan and should be not afraid of making access to services more easy and immediate. There is no risk of flooding the services and no need to put barriers to access.

Relationship:

If in some contexts and with some clients you can deliver a good treatment without paying attention to the relationship, with homeless this is a crucial aspect. A good relationship and working alliance with the homeless person can be the basis for adherence to treatment and

collaboration with the services. Paying attention to the interpersonal and relational aspects is as important as other technical concerns.

Emergency:

Emergency is a crucial point of entry of homeless into the health system. If a homeless person searches voluntarily the hospital emergency he or she might be looked with suspicion, as if only looking for a meal or bed. This prejudice might produce a blindness to the health needs.

On the other hand, many homeless situations can arrive at the emergency room after a long involvement of community services and outreach teams around the person. Talking to these professionals is a good principle, as well as to be aware of the services network that can be activated to help these clients. Having the involvement of a social worker or social nurse right from the start can make a difference.

Hospitalization:

Hospitalization can be important to address efficaciously health issues but also life basics. Homeless treatment must take into account the homelessness condition if it tries to improve the overall condition of the person and to prevent discharge to the streets.

Networking, communication and sharing information with the community services and professionals that will take charge of the homeless afterwards are very important.

Outpatient services:

Easy access is fundamental. "Open psychotherapeutic group" and "Open consultations" that work on a weekly basis without appointment are good models.

Articulation with social services:

- Articulation with social services is necessary and nothing to defend from. Once again there is no risk of patient overcrowding. Social services need and appreciate collaboration and help to deal with their most difficult cases with mental health problems. On the other hand, mental health services need the good collaboration from the social services to find appropriate responses after hospital discharge.

Articulation with Health Authorities:

- Compulsory treatment is always a complex and difficult decision process. Good collaboration with health authorities is worthwhile. Once they trust and understand what are the benefits of promoting the treatment of the patients, they will like to work with the mental health teams.

Information

- Good recording of all kinds of information is indispensable and empowering. All activity should be carefully recorded.
- Intreatment, outpatient consultations, emergency consultations, sociodemographic and diagnostic data should be registered.

Research, training and case discussion- should be invested as these can be a great source of fulfillment and motivation

DIFFICULTIES

Health care and health assessment are difficult tasks in the street. A mental assessment can be specially difficult to perform in the street for lack of conditions of privacy or lack of collaboration. Besides, often there is no request for help or recognition of a health need.

That makes it more important that there are experienced health professionals in the streets able to evaluate these often complex situations.

Compulsory mental assessment is a difficult and complex process. Professionals working from the inside and outside of the health system can often have very different and contradictory perspectives. For example, there can be an alarm in the community about the health situation of a homeless and at the same time this person can be looked at as having nothing wrong in the emergency room.

A focus only on health or only on social needs tends to foster lack of communication among professionals and services: medical doctors or social workers only speaking to colleagues of the same kind; services only circulating information inside but not outside their organizations.

In such a context, discharge from hospital can happen without articulation with the community services, with losses for everyone.

Lack of shared information and collaboration between services can turn into failure an otherwise successful treatment.

GOOD PRACTICES

Intervention with homeless strongly relies on the establishment of a good relationship on an individual basis. Group based interventions can also be very effective as they foster a sense of belonging.

Networking and collaboration with other professionals and services is also needed to plan the next step and to provide basic needs. Personal meetings are better than phone or mail.

All professionals and other people working with persons in situation of homelessness would benefit to have training in collaboration.

Outreach work is fundamental with this population that often avoid services and should have a focus on social, mental and physical health needs.

At the same time, services should try to adapt and make access easy to homeless. Open services, without appointment and waiting lists are good practices.

Advocacy, good information and marketing about homeless may be important to help other professionals become less suspicious and more prone to open their services to homeless.

Opening homeless services to young people offering them training opportunities is a good strategy as they usually find it rewarding and will help them become sensitive to homeless professionals.

Finally, we should be aware that staff supervision and staff care are important in order to have good practices.