HISTORY

Mrs. SERENELLA was born in Florence on the 24/02/1960 in a rich family (father cardiologist, mother psychologist from USA).

In the middle of the eighties, she gets married and

few years later, she and her husband have addiction problems

In the 1988, her husband dies because of an overdose

.In the same year, Mrs. SERENELLA gives birth to her first son

but after few months because of her addiction status, his son is given in custody to her parents

In the 01/07/1989, she gives birth to her second son and two years later was born her third and last one

Also these two sons are given in custody for her addiction’s problems

. In the 09/02/1999, her mother dies and two years later, his father gets a new marriage (another psychologist from USA)

In the 21/10/2009, her father dies and from this date, something seems starting to goes wrong in her mind.

Starting from 2010, she lives in the street refusing every kind of help. She does not go in the shelters and she does not use soup kitchens

The first signs of her .mental problems appears after the death of her father

. She started sleeping in front of the door of her apartment because she believed that in her house there were poisonous essences and she started to believe to be contaminated, infected.

She refused every contact with the other people for the fear of being contaminated

. After few months, she started to live in the street and she lost the house

Living in the street her mental conditions get worse,

she started to believe worms infected her during a holiday in Egypt and she started to feel this worms running inside her body

in the hope to stop the run of the worms She started to scrape her legs

Because of her way of life, she lost every contacts with her family.

During her staying in the street, she refuses every kind of help

Street workers tried to contact her but several times she had an oppositional behavior, she started to shout and cry out until when the street workers went away

Nobody was able during the years to build a good relationship with her.

During her staying in the street she was able to handle her primary needs because she come from a rich family and she gets every week an income of 400,00 euros (from a private insurance)

HEALTH

In spite of the life in the street, she was able to buy disinfectant alcohol, cotton and plastic film to “take care” of her legs

She usually scraped the first skin of the legs

after she disinfected them using alcohol on the open injuries,

 she covered everything with a lot of cotton

and at the end, she bandaged them with the plastic film

She used to “take care” of her intimate hygiene using alcohol and cotton and she used to do it in the hall of the railway station in front at the passengers waiting for the trains

She dressed many clothes one on the other and she brought ever two big yellow bags

She used to cut her hair with scissors in a masochist way as if she wanted to disfigure herself

After an ASO (Compulsory Mental Health Check) was diagnosed a lower limbs erysipelas in a patient with a chronic delirious psychosis

INTERVENTIONS

Because of the worsening of the conditions of Mrs. SERENELLA in the 21/03/2016, the Social Inclusion Office of the Municipality of Florence activated the street workers for the purpose of contact and build a useful relationship with her

Every approach was useless and she continued to live in the street.

Starting from march 2016 to September 2016, street workers tried to contact her but they found only a refusal. In September 2016 for the first time was evaluated the way of a Compulsory Mental Health Check (ASO) but for administrative reasons (mental health services did not agree) it was not possible to proceed

Starting from the month of December 2016 the situation of Mrs. SERENELLA was discussed inside the Marginality Operative Group (a multidisciplinary group composed by several organizations working with homeless people).

During the month of January, she was included in the list of the five homeless people at risk of life living in the street. In spite of this special attention it was not possible give her a place in a shelter (she refused every proposal and she disappeared).

In march 2017 it was composed a special multidisciplinary team to TRY TO solve her situation

The team was composed by:

a social worker of the municipality of Florence,

 two managers of two different teams of street workers,

 the director of a shelter managed by a religious order (Suore di Madre Teresa di Calcutta),

 the director of the Help Desk Center of the Railway Station of Florence (the help desk center is a specific service focused on homeless people living inside the railway station),

 the chief of the Railway Station’s Police

a psychiatrist from the mental health public service

were represented:

 the municipality’s social services,

 the private social services,

 the religious orders’ services,

 the law enforce agencies

the public mental health services

After a deep work of analysis the multidisciplinary team decided to propose a compulsory mental health check followed by a protect discharge in a shelter specialized in the hosting of homeless people with mental illness

BUT

During the setting up of the intervention for political convenience, the minister of the social affair decided to dismiss the multidisciplinary team (because of the “slowness” of its work) and ordered to proceed with a compulsory treatment.

Fortunately, the project of intervention organized by the multidisciplinary team was not dismissed THEY OVERCAME THE WILL OF THE SOCIAL AFFAIR MINISTER

During her hospitalization, the street workers and the workers of the shelter went to visit her and thanks to the context and the therapy, they built a good relationship with her.

After three weeks of hospitalization she was discharged and she was admitted in the shelter specialized in the hosting of homeless people with mental illness.

Before her admission, the workers of the shelters organized a meeting with the other guests to inform them about Mrs. SERENELLA and to prepare a good welcome

In the first period of her staying in the shelter, the street workers continued to go to visit her and they reinforced the relationship TO BE A REFERENCE POINT, A MEANINGFULL PERSONS IN CONTACT WITH HER IF SHE DECIDED TO CAME BACK IN THE STREET

In spite of the new accommodation she continued to dress herself with many clothes one on the other

 she used to go to bed dressed

 she opened the window during the night (because of the lack of oxygen)

she was not able to take care of her hygiene (for this reasons the workers of the shelter helped her to have the shower and to take care of her intimate hygiene)

After the first period, she built a good relationship with the workers of the shelter but she continued to have her personal firm believe

she believes that if you do the dialysis your eyes change color or that the ballet dancers

she was one of them, cannot have the drive license because of their posture

in despite of the dismissing, when the attention of the politic was away, the multidisciplinary team realized the intervention following the shared strategy

Thanks to the work of the multidisciplinary team:

Mrs. SERENELLA get the residence status in the Municipality of Florence,

started to cure her tooth,

had contact with one of her son living in Germany

and started to plan her life after the discharge from the shelter

WORKERS AND NETWORK

To realize the intervention it was built a special multidisciplinary team

.In the multidisciplinary team were represented the municipality’s social services,

 the private social services, the religious orders’ services,

 the law enforce agencies

 and the public mental health services

**This network was totally disregarded by the political level**

after the Compulsory Treatment; the minister of social affair stopped the works of the Marginality Operative Group to reorganize the collaboration between social and health services

Today the minister of social affair has approved the Marginality Operative Group, thanks to several mediation efforts, and the group has become an institutional entity called Coordination of the Social Inclusion.

PROPOSAL

The priority recommendation in in similar cases is trying to build a multidisciplinary team as larger as possible. The participants to the multidisciplinary team need to be considered for their specific competences with a mutual accreditation

PERSONAL FACTORS INFLUENCING

The assistance process risked to fail because of the distance between the political needs and the time required to build and realize an effective intervention

In this case, the different vision between political and operative needs was so strong that led to a hard confrontation and mutual distance

Overall assessment of the case

The strength of this intervention is the multidisciplinary team that was able to unite

public social services,

 public mental health services,

 law enforce agencies,

 private social services

and religious orders.

Despite of the effectiveness of the intervention the biggest lack was the distance between the operative level (included the person’s needs) and the political urgencies and will

And this is the question that I’d like to put in this meeting:

How can we give more importance to the person’s need and the operative level instead of the political emergencies?