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|  | **PROFILE: Geraldes**  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**  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:   *(family constellations/relationships, nature of relationships)*  *This is a 50y old of Portuguese origin, come to Barcelona at around 5yrr with the mother and a sister which died in a strange situation according to him. .. He refers mother could be alive and living near Barcelona but doesn’t know. No family contact. Seems his father lived in Lisbon and in one occasion, he travelled to Lisbon to try and search for him.*  *According to him has primary and secondary studies, and seems he started other studies, which didn’t finish.*  *Only known relationships is with a person that on occasions will visit him and spends time with him. He refers he worked as a waiter in the past, but stopped work a long time ago. No updated documentation.*  *Enjoys painting and says that people buy them, as means to get money.*  **-   time**, **in relation to the chronic situation;**  More than 10 years**.**  **-   abandonment**, **in relation to the breakdown of any relationship and link;**  NO clear link with any breakdown as source of current situation.  **-   refusal** , **in relation to any institutional offer of care and assistance services**  Refuses all offers of care, seems he could have had a negative past experiences with psychiatric services. | |
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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;   *(Comorbidity&mental health, other health problems*  *Comorbidity &social disadvantage)*  *Diagnosed as a Psychotic disorder unspecified, (referring auditory hallucinations, and energetic currents, also talking to himself), diag done from contacts*  *We objectify repetitive conjunctivitis but does not complain.*  - **influence of the health condition on the lifestyle of a person;**  Usually remains In the same area, due to “energetic currents..”, refuses help due to suspiciousness.  - **history of interruptions and resumptions of medical services provided to the person,**  After 4 years of follow up , we manage to refer him to a first appointment with another team of council SS in order to obtain a pension, but not related to mental health, despite the coordination with the SS, the social worker didn’t follow our recommendations and therefore stopped the appointments with SS, and “ disappeared” from his usual place , and after a month when again appeared he was more suspicious.  Another interruption was when a professional was changed.  - **orientation and opinions of the medical players in respect to the person;**  A person with a psychotic illness, with a difficult approach due to his suspiciousness A perception from the professionals of not being an acute situation, and needing a long term plan., to stablish a good engagement with him.  - **interdependence of psychosocial distress in cases where two people of the same family circle are involved**  Not the case. | |
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| 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 .   *(Circumstances giving rise to the first contact, clarification of interventions on various stages, compulsory treatment, reason!! Operational solutions)*  *The most important intervention and a baseline would be engagement issues. Referred by SS due to chronic situation In the street with possible psychotic symptoms in the street (shouting, vociferous) and signs of suffering. With the aim to stablish a working plan.*  - **What kind of intervention – in health + social field - success of non-success depends of …;**  During our time with the person, any situation could be a source of promoting any change, and more than what type of interventions, focus is placed on what he demands, and when…  Chronoly of Interventions: weekly visits individual or with other team members, coffee…, accepts professionals telephone number, accepts lunch together, taking into account his work demand he was empowered to go work agency, and coordination with other SS team and org a meeting…… relationship breakdown….. re-establish relationship, with another professional, accepts intervention of social worker to help with the washing  - **Highlight the correlations between the objectives to be pursued, programmed interventions and outcomes...**  Again our main objective is to stablish a good engagement with him to use any situation as a source of interventions  **– Innovative practices**  Coffee, both bringing a coffee and having a coffee in a terrace, lunch together. | |
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| 1. **WORKERS & NETWORK:**   - **One or many actors? - Does the networking and cooperation between actors exist or not?**  3 actors, Public social team , Public mental health team, and . Poor cooperation and networking between actors, despite regular meetings.  - **What kind of collaboration between public and private sector?**  Regular meeting, joint visits, telephone coordination  - **What kind of multidisciplinary performing synergies between social, health services and... Others?**  The same.  -  **What kind of co-working and co-responsibility between Institutions - Associations - Administrations?**  The case is shared between the different institutions. And actions were also shared according to the demands or needs of the person, without appointing actions.  - **What are the institutional and legal barriers and limitations to providing adequate assistance (cumbersome, poorly  defined procedures, “vicious circles”; resources and financing).**  NO personal / health documentation available, therefore a lot of resources could not be organized. Refused to be supported to update his documentation in the embasy, for the health card etc..  **- What obstacles could be overcome by “creativity” of the operators in the face of the unhelpful of confusing legislation?**  There were possibilities to overcome unhelpful or confusing legislation, but did not cooperate | |
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| 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?**  His main priority was work; we therefore suggest a service that could facilitate work accessibility taking account his context.  - **Make the proposals as concrete as possible and avoid generalities.**  Proposal: Offering a job prior to the documentation.  Work in exchange with needs. ( could exist but is not accessible for us)  Outreach approach by administrative services | |
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| 1. Personal factors influencing the launching and continuation of assistance process:   *(stigma, prejudice, orientation towards person, cultural aspects)*  - **possible stigmatization of person taking charge or applying for assistance;**  The social worker believed that the chronic situation could not be overcome  - **sources of stress and burn-out for assistance workers;**  Since the social worker was not very collaborative, the mental health team could not access a lot of resources. and was very limited in his actions.  - **changes in staff during assistance process; clashing cultural aspects.**  Changes in both the social and mental teams occurred, and delayed/stopped outcomes of the process | |
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| 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;  Objectively remained unchanged, but the engagement with the mental health team has improved.  - final thoughts, free. | |
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***OPTIONAL:* Complementary elements** on the situation of gradual degradation in terms of both physical and mental health

**DIVERS: ....**