

### A UNIQUE PATHWAY OF CARE FOR HOMELESS PERSONS IN EXTREME STATES

Kolkata is a city of 14 million in India. As per Census 2011, there are 77,000 homeless on the streets of Kolkata. Mental health services are largely hospital based and skeletal. Societal care is non statutory, unstructured and not integrated with health and largely rest with non government organizations through state and non state funding.

In 2007, Iswar Sankalpa – a voluntary sector organization set up a unique integrated pathway of care for homeless persons with psychosocial disability. The aim was to address some of the needs of people who had no valid proof of identity and therefore could never access any healthcare system in the country. The belief was that social recovery was the overarching need for the integration of persons into community.

The intervention worked on two primary domains

- a) Reorganization of the power equation and care pathways, within existing systems, that puts the onus of accepting care well within the domain of the recipient-
- b) Creation and embedding of a proxy care giving structure around the client built through civil society volunteerism

The intervention components comprise the following-

- Trained social workers establish a process of engagement through key informant contact, awareness and communication events and small group discussions on mental health and associated issues with the larger community. This is done in the form of ongoing dialogue
- The trained worker identifies homeless person with psychosocial disability through a structured process of observation and information collation that takes into consideration information about identity, nutrition and health status, possible disease symptoms, behavioural oddities, interaction with others, duration of being homeless.
- The next step in the intervention is to initiate an approach with the identified person, striking a casual conversation, placing priority on addressing immediate needs of security, health and nutrition
- Psychiatric care is initiated through an innovative approach of street clinics where in the care provider initiates care within the environment of the identified person. Case managers and local community stakeholders associated with the person along with the doctor form the care giving team..
- As social acceptance increases, symptoms reduce and functionality is restored, various approaches are used to reintegrate the person into mainstream social and occupational situations.

The learnings and challenges of the community based program will be discussed in the presentation.