

State of the art: identifying and managing mental health needs of homeless individuals

SOA003

Identifying and managing mental health needs of homeless individuals

D. Bhugra

Institute of Psychiatry, Psychology and Ne, London, United Kingdom

The economic downturn worldwide since 2008 has raised many issues, including an increase in homelessness. Individuals who are homeless are visible across the globe. Definitions of homelessness also vary. Living on the streets in all kinds of inclement weather, brings a different set of issues and problems including physical and mental illnesses. Here homelessness is defined as a lack of customary regular access to a conventional dwelling unit. It has been shown in several studies that nearly half were either depressed or had substance use disorders and half had traumatic brain injury. Homelessness is a social issue and the role of the psychiatrist in reaching these vulnerable individuals is a matter of critical importance. In the UK health services are geographically delineated making it more difficult for 'out of area' individuals to get help. The responsibility for looking after people who are homeless, have mental illness or physical co-morbidity, lies with policymakers as well. As clinicians we must advocate for vulnerable patients and psychiatry care needs to be in a joined-up manner. Early interventions and home treatments where and if available are suitable and can be effective but are often linked with secure addresses. Policies must take into account huge variations across cultures and societies and the contributions that unemployment and poverty can play in increasing homelessness. Whether psychiatric disorders lead to homelessness and whether homelessness leads to mental illness is a circular argument and this vicious downward spiral needs to be broken by adequate care and policy support.

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State of the art: social media and e-mental health

SOA004

Social media and e-mental health

M. Krausz

Addiction, West Vancouver, Canada

Mental health services worldwide are only able to serve a minority of patients. Expert advice is in most cases not accessible even in developed countries with a functioning mental health care system. Threshold to care are high and the time between first critical developments and symptoms and first professional interventions is long, sometimes several years.

The evolving communication tools through social media and web-based services may provide new and exciting opportunities to change that. Especially young people have a different approach to interact, learn and access services through the Internet. The momentum there is as crucial as it is in education. Our mental health care system in all its components will most likely very different than today. E mental health will be an integrated component contributing to more capacity, higher quality of care and better accessibility.

What is the key in developing new tools and what can today's clinicians and researchers do to be an active partner in this process? What are the major concerns and how should we address them also as professional organization? This may be an opportunity of a lifetime for a paradigm shift. Its success relates to good integration and implementation of these exciting tools to create a new continuum of tools addressing a continuum of needs.

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