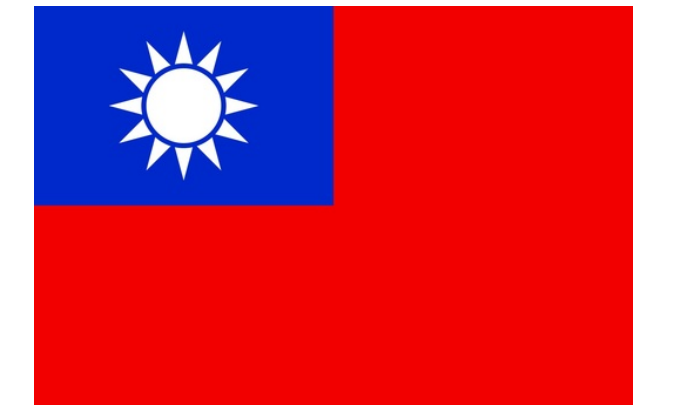


The Experience of Social Work in Taiwan's Psychiatric Emergency Services for Homeless Patients



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Background and objective

Homelessness is not just a housing issue; it often involves people with mental illnesses who end up on the streets. In Taiwan, especially in densely populated Taipei, those in acute mental health crises can disrupt public spaces, pose risks to themselves or others, or engage in self-harm. According to the Mental Health Act, when this happens, the police and Emergency Medical Technicians (EMTs) are required to escort these individuals to the nearest hospital for medical treatment.

Emergency rooms (ERs) focus on urgent medical needs and provide support and protection to those in crisis. Social workers in the ER play a key role in managing medical costs and coordinating follow-up care for vulnerable communities, such as the homeless. This paper explores the experiences of social work interventions with the homeless in the ER of a specialized psychiatric hospital in Taipei in 2022, aiming to share insights and learn from practices in other countries.

Methods

This study uses a case study method, analyzing 17 referrals received in the ER from January to December 2022, involving homeless and unidentified patients. This article analyzes how they arrive at the ER and the social work interventions, based on medical and social work records.

Results

The results reveal that homeless patients most often admission in the ER because they are experiencing episodes of psychosis and disruptive behavior, frequently escorted by the police or EMTs during emergencies. Of the cases, 88.2% were admitted to either acute care or psychiatric intensive care units following medical consultation, while only 2 cases (11.8%) were allowed to leave because they did not require hospitalization.

In the ER, homeless patients often visit without family or caregiver, especially when they are experiencing severe psychotic symptoms, which makes us difficult to gathering their medical history and obtaining accurate information. Mental health care follows the biopsychosocial model, and the medical team needs to find a key person to discuss signing medical consent forms and planning further treatment. Therefore, the ER social workers have to searching for their family members or key person.

In order to obtain accurate information about them, ER social workers contacted local police stations, social welfare departments, community mental health centers, homeless shelters, and community leaders across cities and towns in Taiwan (88.3%). Furthermore, there were only 2 cases of frequent visitors to our ER; they had already undergone intervention intake by a community case manager.

Social workers provided information sources, including hygiene, meal services, and shelter (2 cases, 11.8%), as well as economic assistance upon discharge (3 cases, 17.7%) for patients who were allowed to leave. We also referred patients to social welfare departments (7 cases, 41.2%), assisting those who were eligible for welfare.

Conclusions

Taiwan's urban areas are densely populated, and individuals at risk of self-harm or harming others can create significant problems. During the severe COVID-19 pandemic, the situation for homeless individuals worsened, as they faced not only heightened vulnerability but also unsafe living conditions and increased stress.

In Chinese culture, where family responsibility is emphasized, medical decisions are often made by family members. For patients with acute mental illness who are unable to communicate clearly or confirm their homelessness, the medical team expects social workers to search for their family. This approach contrasts with the patient-centered model common in Western countries.

Henry, Boyer, Belzeaux, Baumstarck-Barrau, and Samuelian (2010) suggest that homeless individuals should be encouraged to accept inpatient treatment when appropriate, as it can help connect them with social welfare services. Addressing homelessness is complex and requires coordination among different networks. In Taiwan, verifying patient's identities, mismatched residency locations, and jurisdictional responsibilities become the complex challenge which make it difficult for vulnerable groups to access resources. Hospitals are actively working with local social welfare centers and agencies to improve the referral process and service delivery. The hospital's social work department provides essential support to vulnerable groups and aims to enhance collaboration with community resources to protect welfare and the rights of homeless patients.

Table. Homeless patients demographic characteristics (n = 17)

	Gender	Male 13(76.5%)	Female 4 (23.5%)
Demographic characteristic	Marital Status	Single 16 (94.1%)	Divorced 1 (6.9%)
	Admitted to the ER	Emergency Medical 15(88.2%)	
		Transferred from Another Hospital 1(5.9%)	
Accompanied by Social Welfare Center 1(5.9%)			
Social Work Intervention	Search for Family and Contact with Related Units	15 (88.2%)	
	Refer patients to Social Welfare Department	9 (52.9%)	
	Providing Discharge Assistance	4 (23.5%)	
	Providing Information	2 (11.8%)	
	Admitted to the Acute Ward	11 (64.7%)	
	Transfer to General Hospital	11 (64.7%)	

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