Homelessness… healthlessness

Establishing links, current policies and future possibilities
Socioeconomic determinants of health

Adapted from: Dahlgren and Whitehead
Links with ill health and death

- Rough sleepers have an average life expectancy of 42 (Crisis 1996)
- 81% of homeless people are addicted to either drugs or drink (Crisis 2002)
- 60% of people sleeping rough have mental health problems (OPCS 1996)
- Compared to the general population, people in hostels and B&Bs are twice and rough sleepers three times, as likely to have chronic chest and breathing problems (Crisis 2003)
Continued…

- At least one in five homeless people have severe mental health problems (Crisis 1999)
- People who sleep rough are 35 times more likely to commit suicide than the general population (Crisis 1996)
<table>
<thead>
<tr>
<th>HEALTH PROBLEM</th>
<th>HOMELESS PEOPLE</th>
<th>GENERAL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>51%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.5%</td>
<td>3.2%</td>
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<tr>
<td>Epilepsy</td>
<td>5%</td>
<td>1%</td>
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<tr>
<td>Mental Health</td>
<td>32%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Respiratory problems</td>
<td>30%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Problems seeing</td>
<td>10%</td>
<td>5.4%</td>
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</tbody>
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Multiple health needs

In a survey of 974 organisations working with homeless people, Homeless Link found that almost half (47.8%) of service users were identified as having multiple needs, many of whom had mental health problems and a drug or alcohol dependency problem and underlying physical health problems.
The state of the home

“Cold damp houses are associated with premature mortality, physical and mental illness, and impaired quality of life.”

Dr Noel Olsen (BMJ 2001)
The NHS response

- “…The provision of a universal service for all based on clinical need, not ability to pay.”
- The governments Cross Cutting Review, Tackling Health Inequalities
- “It is quite clear that the complex mental and physical health needs of those on the streets are not currently being met. Addressing these needs is central to helping people to come inside. (Rough Sleepers Unit 2002)
Primary Care

- GPs account for roughly 8 out of 10 patient contacts with the health care system.

- One survey found that the homeless people interviewed were almost 40 times more likely not to be registered with a GP than the average person (Wilson, 2002). Those interviewed were also nearly three times more likely than the general population not to have seen a GP in the last year.

- Homeless people were over four times more likely than the general public to turn to A&E when they could not access a GP.

- The Inverse Care Law
Specialist services

- Personal Medical Services
- Specialist services for homeless people raise the concern that they may effectively absolve local GPs from providing primary healthcare services and at worse serve to ghettoise homeless people rather than encourage their reintegration back into mainstream care (Lester 2002).
The future

- All GP services should be equipped with the knowledge and resources to ensure that they are able to tackle the health needs of homeless people.
- Accident and Emergency departments should respond to the presenting needs of homeless people and make an effort to link them into primary care services or specialist services for homeless people.
- PCTs should work closely with local authorities and the voluntary sector to ensure that the health needs of homeless people are tackled as part of a holistic approach to solving homelessness.
The future

- Engaging drug and alcohol services in partnership and inclusion in the strategy (ODPM Good Practice Handbook)
- Co-ordination between housing dept. and substance misuse services, addressing the issue of post detox/rehab clients returning to the same environment.
- An assessment of homeless people’s health and healthcare needs locally.
- Joint working between health, housing and voluntary sector, e.g. a well functioning health sub group in a homelessness forum.
The future

- Vulnerable tenants register and provision of tenancy support for high-risk tenants including those with mental health issues, learning difficulties and substance misuse and multiple needs.
- Development of strategy by primary care trust to respond to notifications and to establish a health service for families and single people living in temporary accommodation.
- Development of policies on the discharge of people who are homeless from hospital.
“For the vast majority of people in our society the family – parents and siblings as well as extended family members – is the first bulwark against need. Family members are the first people to whom people turn if they need money, if they fall ill or if they need emotional support. Many single homeless people are still in touch with their families. For pragmatic as well as emotional reasons it is in everyone’s interest to strengthen those contacts and ties if possible.” (Lemos 1999)
From formal to informal

- Around one in four ex-homeless people find themselves unable to sustain a tenancy.
- No amount of practical and professional support from those paid to help will, on its own, get anyone across the bridge from sorrow to joy. With no friends and family, homeless people who have succeeded in finding somewhere decent to live may still feel lost. Their only ‘friends’ may be back out on the streets, and so they may soon find themselves slipping and sliding back down that yellow brick road. (Lemos 2000)