

In the alleys and shadows, Street Medicine heals the homeless

Service users helped experts to explore the speciality of Street Medicine for the homeless at a recent national symposium hosted by Safetynet Primary Care, writes **Sharon Commins** of Safetynet Primary Care

A national meeting on the health of homeless people, the Irish Street Medicine Symposium, was held in Trinity College's Institute of Population Health earlier this month. Hosted by Safetynet Primary Care — the medical charity that delivers quality care to those marginalised — attendees included health and social care workers, academics, policy-makers, service planners and some homeless people themselves. Participants brainstormed to unpick complex issues affecting the homeless, and agree solutions on how best to improve the healthcare of those on the margins of society.

With almost 10,000 people (9,891) accessing State-funded emergency accommodation in Ireland, according to the most recent official figures, the scale of the housing crisis continues to worsen.

Intrinsic link

Homelessness and ill health are intrinsically linked. Evidence tells us that the health of people experiencing homelessness is significantly worse than that of the general population. For example, mortality rates are three-and-a-half to four times greater than for the housed population. Homeless people tend to underutilise mainstream primary healthcare services because of accessibility, competing priorities, negative experience and medical card difficulties. That one in three homeless people report having attempted suicide, that more than half have a diagnosed mental health condition and nearly all have either a mental or physical health condition, is a clear confirmation of the burden of ill health experienced by this vulnerable group of service users.

Brainstorm solutions

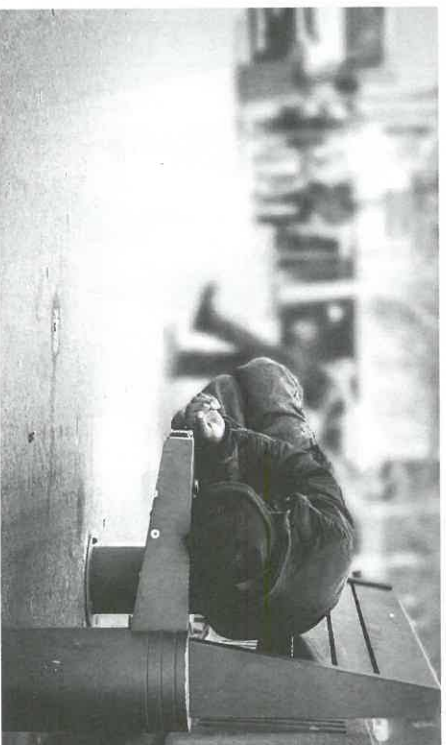
The issues that were discussed included some of the most pressing concerns currently facing homeless people and impacting on their health.

"There are often no guidelines to rely on when it comes to looking after the healthcare needs of the homeless," explained Safetynet's General Manager, **Dr Fiona O'Reilly** opening the symposium. "It can be very challenging for vulnerable people to access and engage with the healthcare system. The needs of these groups, including homeless people, are not generally covered in medical training. That is why a meeting such as this is so important — it is an opportunity to meet others working in the field, and some of those living in homelessness, to understand the health issues, and to brainstorm solutions to the problems faced."

Hospital to home

Hospital discharge for people experiencing homelessness has been a major problem across Ireland in recent years. While progress has been made with specific pilot services (e.g. the Inclusion Health hospital team in Dublin's St James's Hospital), much more remains to be done.

Dr Joseph Doyle, National Planning Specialist, at the Health Service



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Executive's (HSE's) Social Inclusion led the working group on Hospital to home: integrated solutions to enhance safe, appropriate and efficient discharges for people experiencing homelessness in Ireland. Against a backdrop of an acute housing shortage, the group underscored the need for an integrated model of healthcare, as well as improved access to home care packages, and supported accommodation options (including Housing First) to ensure a seamless pathway to recovery. The need for multi-sectoral senior level buy-in, improved data collection, training and awareness, reduced stigma and initiatives to enhance continuity of care were highlighted as key priorities to ensure discharged as key priorities to ensure care safe and appropriate.

Step-up, step-down

A new 12-bed step-up, step-down facility — Intermediate Care Centre is a residential unit operated by Dublin Simon Community in partnership with Safetynet goes some way to redress this issue by providing short-term semi-acute healthcare interventions, treatment, investigations and observations for people who are homeless.

Dr Angy Shuce of Safetynet Primary Care and Niamh Murphy of Dublin Simon Community, who led the working group on Ireland's first step-up, step-down Intermediate Care Centre for homeless people explained that the unit will provide medical treatment and nursing care for homeless patients in instances where they do not need hospital admission, but where their emergency accommodation is inappropriate while they are ill. It will also allow them to recuperate following a stay in hospital.

"The facility brings together the expertise and support needed for this much-needed service. It also brings benefits to the wider healthcare system, such as reducing demand on busy emergency departments and the ambulance service." Majella Darcy, Head of Dublin Simon Community's Treatment services, explained at the workshop.

"Our clients experience multiple social barriers when trying to access healthcare because no specialised facility such as this existed before now. As a consequence, homeless clients tend not to access healthcare treatment for diagnosis in the first place,

or when they do access, they often do not have sufficient supports after their treatment to recover: which leads to the higher mortality and morbidity rates," she said.

Impaired capacity assessment

There are times when the serious mental health problems of homeless people can impair their capacity to make important decisions, even in the absence of dramatic symptoms. At present, services working directly with people sleeping rough have little guidance as to how to manage such situations. This was seen particularly in Dublin during the freezing conditions of Storm Emma.

In the workshop, 'A practical approach to initial capacity assessment in rough sleepers', led by **Dr Cathy Cullen**, Medical Director at Safetynet Primary Care, an assessment tool was

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examined, used by outreach workers engaging with rough sleepers. "While the proportion of homeless people who fail to engage with you is quite low, these are the cases that keep you up at night," Dr Cullen explained.

The assessment tool had been used successfully in the UK for the last 10 years. Outreach workers present explained how typically they often know the person and are aware of the client's previously expressed wishes and desires. The combination of this knowledge and the assessment tool will likely improve the service users' outcomes and experiences in light of the upcoming mental health legislation. Attendees at the meeting committed to continuing to work with all stakeholders to develop further a toolkit for the assessment of the capacity of a person to make decisions about their welfare in such situations.

Severe weather warnings

A Status Red — severe weather warning, while comparatively rare and destructive, assumes populations are housed. But for rough sleepers, the

impact of a Status Red warning can be catastrophic since not all rough sleepers will agree to go into emergency accommodation for its duration, Safetynet nurse, Sinead Grogan, explained in a working group on improving care and protection for rough sleepers in extreme weather. An interagency task force needs to be established and resourced to plan and implement the response to protect the health of those who choose to stay out in the extreme weather, was the key recommendation from the group.

24-hour accommodation essential

Beyond the issue of the housing crisis itself, the type of temporary and emergency accommodation that the homeless are housed in, can often create negative health outcomes for this vulnerable group, the national meeting heard. "Emergency accommodation must be accessible to homeless people 24 hours a day: the focus needs to be on the provision of supported temporary accommodation which is good quality accommodation where social care workers can provide one-to-one support for each homeless person," Dr O'Reilly explained. "A person often ends up homeless because they have complex health needs, and therefore this requires intensive and specialised support."

Having emergency accommodation that is open all day would reduce the numbers of people who are forced to wander the streets during the day, potentially further compromising their health," she pointed out.

Malnutrition matters

Malnutrition is a growing concern for those working with the homeless populations in Ireland where up to one in five of the homeless population might be affected, according to forthcoming international research. Attendees at a workshop on 'Why Malnutrition Matters' led by **Dr Sharon Kennelly**, Clinical Specialist Dietitian and Nutrition Project Lead, HSE Primary Care, and **Dr Kieran Harkin**, general practitioner (GP) working at Merchants Quay Ireland Homeless Charity, were informed that the cost of each malnourished patient to the Exchequer is almost €5,500 annually.

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"There are some obvious reasons why a homeless person doesn't eat well such as having no regular pattern of eating, perhaps a chaotic lifestyle, and not having access to a fridge to store their food, or access to cooking utensils. When addition is a factor, often this takes priority over food and eating," Dr Harkin explained. "Malnutrition, more medical issues and higher rates of morbidity lead to more stays in hospitals, increased risk of infections, slower post-operative healing, reduced quality of life, higher risk of experiencing falls, depression and self-neglect," he continued.

The working group recommended that night shelters and those working with rough sleepers distribute high calorie meals and snacks as a standard for homeless people at risk of malnutrition.

There was broad agreement on the need for nutritional standards to be developed and monitored for homeless services.

Mobile Health and Screening

Safetynet's Mobile Health and

Screening Unit works from a mobile clinic equipped with an x-ray and consultation room, and is operated by a health team including a GP, nurses, project manager and a driver. Funded by HSE's Social Inclusion, the approach is to work with local services and service managers to meet gaps, and facilitate integration into routine primary care services.

Only 18 months in operation, the mobile clinic has completed health assessments for more than 700 Syrian refugees in Ireland, and screened in excess of 700 homeless people in Dublin, Limerick and Galway identifying cases of tuberculosis and other communicable disease, explained Safetynet's GP, **Dr Bridget Kiely**, leading the working group on Utilising Ireland's First Mobile Health and Screening Unit to Best Effect.

Assessing 250 asylum seekers living in Direct Provision, as well as some 100 people who have entered the country through the Family Reunification Humanitarian Assistance Programme, the facility is realising its mission to reach those on the margins.

Among the recommendations from the group was that the mobile unit funding (initially provided as a one-off from dormant accounts) be put on a sustainable footing. "It is important we don't let this service become marginalised: we need to embed it into ongoing budgets," Dr Kiely argued.

Experiencing shame

A powerful contribution came from a service user on the need for hospitals to have more empathy when dealing with homeless people, based on her experience in an emergency department (ED) when she and her partner attended an ED of a Dublin hospital after he developed hypothermia and lost consciousness.

"Staff couldn't hide the disgust on their faces. We were vulnerable and we needed help. We were both homeless and he was really sick. I couldn't tell you how bad it makes me feel now."

Asked what needed to change, she wondered whether bedside manner could be taught, such as asking someone if they were okay.

The symposium organisers specifically sought participation from service users so that attendees could learn from their perspectives, and get a better sense on what is working and what is not, explained Dr O'Reilly of Safetynet. "If services are not acceptable and accessible to the target group, they cannot hope to achieve what they're supposed to."

Buzz Group

In the Buzz Group section of the conference, conducted in the style of speed-dating for information sharing purposes, a dynamic education research and service information was shared.

Dr Shuce, who also works as a GP at the Capuchin Day Centre in Dublin, described working with an inter-preter on a regular basis in primary care, in her working group Wonder-full Words.

Attendees recommended access to professional interpreting services for patients without English attending primary care services so that clinicians can talk to their patients, and patients can understand and discuss matters with their healthcare providers.

Dr Anna Marie Naughton gave an overview of the HSE's Adult Homeless Integrated Team in Cork, while Dr Anne O'Farrell of the Executive's Health Intelligence Unit presented on a Study of emergency inpatient hospitalisations among persons of no fixed abode.