Homelessness and Health

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Background

Homelessness can take many forms - street homeless, statutory homeless, bed and breakfast accommodation, hostels and other unsuitable temporary accommodation. Numerous reports have shown that health in the homeless population is poor compared to that of the general population, with the life expectancy of a homeless person living on the street being just 43 years for women and 47 for men (1). This is around 30 years younger than the average across the UK and reflects the profound inequality faced by people who are homeless in accessing the environment and care they need to maintain their health. The causes of such poor health status are complex and it is difficult to unpick the relationship between homelessness and poor health outcomes since they can be determinants of one another. Alongside the likelihood of increased healthcare needs, people who are homeless often face barriers to accessing healthcare. Many are not registered with a GP and rely on frequent emergency unit admissions for care, at great expense to the NHS (2). While specialised homeless health services, designed around the needs of people who are homeless, exist around the country, there remains a widely recognised need for more evidence (3). Data measuring specific indicators of success in the homelessness service sector is needed on an up-to-date and regional basis so that comparisons can be drawn between services. This will in turn lead to commissioning that accurately reflects and responds to the needs specific to people who are homeless.

Main text

The causes that drive people into homelessness are rooted in complex psychological, social and economic problems. The upstream determinants of homelessness are often overlooked when we consider the complexities leading to their poor health status and health behaviour. Homeless adults are often those who have had a difficult upbringing and who are particularly vulnerable, for example care leavers and prison leavers (4). It is a matter of social justice that the determinants of poor health in people who are homeless are recognised and addressed.

Impact of homelessness on physical health

Public Health England states that 'one of the most important determinants of health is having a home and living in a safe and supportive environment' (5). Many of the health problems faced by people who are homeless stem from the unstable and unsuitable environment in which they live. Although this can vary from rough sleeping to temporary accommodation, an unsafe environment and low quality shelter characterise and pervade all forms of homelessness. Over 70% of people who are homeless report a physical health problem: common illnesses in rough sleepers include respiratory problems, skin infections, back and musculoskeletal-skeletal problems;overcrowded accommodation leads to increases in eczema and asthma (1). Cardiovascular illness is also particularly problematic in this population, likely due to high levels of stress and poor diet and exercise (1).

Poor nutrition and dehydration is a significant issue - almost one third regularly eat less than two meals per day - alongside hypothermia for those who sleep outdoors or in very low quality accommodation (6). Drug and alcohol abuse rates are high and these give rise to both short and long term physical and mental health consequences. The health risks to an intoxicated individual include becoming victims of or participants in violent conduct, overdose, seizures and physical injuries. Long term abuse of alcohol and drugs can lead to hepatic failure, dangerous withdrawal syndromes, cancers and many other detrimental health impacts (10). Depending on the method of drug consumption, blood borne viruses such as HIV and Hepatitis C can also pose a health risk to substance users (1). More than three quarters of people who are homeless smoke tobacco and therefore are susceptible to the negative health consequences of this (6).

Mental health (1) (6)

In an audit of homeless health needs, Homeless Link found that 80% reported having a mental illness and 45% had a diagnosed mental disorder, which is markedly higher than the 25% within the general population. Simply the state of being homeless itself, irrespective of accommodation types, has consequences for mental health and wellbeing. It is a state characterised by unstable social networks and ostracism from societal and economic norms. These circumstances can trigger or exacerbate mental illness of any kind and often those with severe disorders are most vulnerable. Accessing mental health services can be very difficult, and is often compounded by the challenges of substance abuse and addiction - faced by over 50% of people who are homeless - since the abuse of drugs or alcohol often renders a homeless person ineligible for consultation and treatment by mental health facilities.

Barriers to care patterns of service use (6)

In addition to the many negative health consequences of being homeless, people face barriers in accessing the care that could go some way to treating the health problems. Many GPs require a permanent address in order to register as a patient and the system of short appointments and advanced booking does not meet the needs of people who often have chaotic lifestyles and multiple diagnoses. People who are homeless report feeling stigmatised, stereotyped and disrespected in the healthcare environment and many do not consult for what they consider to be minor health problems. As touched on above, many have long term conditions and are at risk of emergency admissions either through deteriorations or acute events such as violent attacks and drug overdose. This leads to high use of secondary care services, bypassing the gatekeeper of the GP and resulting in unnecessarily high costs to the NHS (2). Hospital care is often short term and there are few pathways in place for checking that a patient has a safe home to go to following discharge.

Approach to tackling the problem

There are primary care clinics around the UK who work specifically to meet the needs of people who are homeless through policies such as longer appointments and walk-in systems. These are good examples of how health services can be adapted to the needs of this vulnerable group but until their needs are accurately understood and documented by each area, a sustainable approach to the problem cannot be reached. Currently, local Health and Wellbeing Boards (152 in the UK, one board for each upper tier local authority (7)) produce a Joint Strategic Needs Assessment (JSNA) every year, which is intended to capture the major health needs in their geographical area. JSNAs go on to inform local Joint Health and Wellbeing Strategies, with the overall aim of improving the health of local communities and reducing health inequalities (8). If the health needs of people who are homeless are not included in these initial assessments, they cannot be reflected in the commissioning agenda for the local area,and in turn their needs are overlooked. St Mungo's Broadway is a large homelessness charity with which Medsin has worked closely with on this issue. St. Mungo's Broadway have focused on the JSNA as a target for advocacy and are calling upon Health and Wellbeing Boards to include people who are homeless in their Joint Strategic Needs Assessments. In a review in 2014, the charity found that only 36% of Health and Wellbeing Boards included the needs of people who are homeless in their JSNAs, despite rates of homelessness rising consistently since 2008 (8) (9). While we are still at a stage where evidence is lacking, inclusion of homeless health needs in JSNAs is crucial so that each area can commission services to reflect the true needs of their population.

Taking action can improve the health and wellbeing of our communities

The homeless population will experience better care in the community and take pressure off busy hospital emergency departments. Services designed around a strong evidence base will be better suited to individuals' needs and may go some way towards reducing the burden of alcohol and drug abuse problems, as well as chronic health problems and their acute exacerbations. Local authorities having valid, up to date, and directly comparable data can accurately inform future service commissioning.

Medsin Believes that:

- One of the most important determinants of health is a safe living environment and a supportive social network.
- People who are homeless should not be blamed for their circumstances: it is as a result of social, political and economic structures that people become homeless.
- All people are equal and have the right to access the highest level of health and wellbeing.
- People who are homeless face injustice in that they are exposed to serious health risks and additionally find it very difficult to access effective health care- they are particularly vulnerable and it is important that we advocate for their needs.
- The state of being homeless refers to a number of situations, all with physical and mental consequences of their own. It is crucial that each area accurately record the needs of the people who are homeless living in their community, both to establish a robust evidence base and to allow for the commissioning of effective and equitable services.
- JSNAs are an important step in informing and planning local commissioning priorities and the needs of people who are homeless should be reflected in these.
- The government should recognise the social and economic cost of the poor health of people who are homeless and prioritise their needs.
- Doctors and health professionals require training in communicating with vulnerable groups and understanding the circumstances that may have resulted in their homelessness. They should lead the way in showing respect and not stigmatising people who are homeless in a clinical setting- particularly since they are a group which all doctors will have to work with at some point in their career.

Medsin calls upon:

Health and Wellbeing boards to:

- Sign the St. Mungo's Broadway Homeless Health Charter and commit to including the needs of people who are homeless in their JSNAs.
- Collect robust data about the needs of local people who are homeless and the way that they access services in their area.

The government to:

- Make clear that Health and Wellbeing boards have a duty to address health inequalities faced by local people who are homeless in their JSNAs and commissioning plans.
- Prioritise the unique needs of people who are homeless and consider these when planning delivery of health services.

Branches to:

- Encourage local Health and Wellbeing Board to sign the Homeless Health Charter.
- Establish and develop volunteering opportunities for students in their universities or medical schools. Volunteering and hearing the stories of people who are homeless helps to break down the stigma associated with them and also gives students a chance to hear about experiences of disrespect in the clinical environment/any other situation.
- Lobby their medical school to include teaching on the health aspects of homelessness and communication skills for working with vulnerable groups such as people who are homeless.

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