





# **Curam Healthnet**







# 

An Ethnographic Exploration of the Health Service Utilization of Homeless

People in Dublin.

Acknowledgements: Dr Derval Howley Dr David Wainwright.



If you were to provide a health service for one group of people it would be homeless people.....

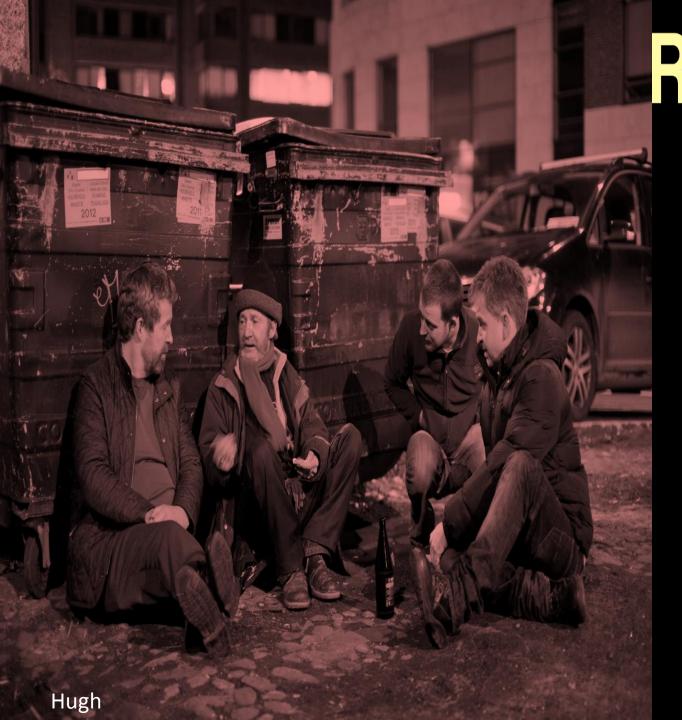


# Homelessness: An Unhealthy State

HEALTH STATUS, RISK BEHAVIOURS AND SERVICE UTILISATION AMONG HOMELESS PEOPLE IN TWO IRISH CITIES



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Research

Street

### Delayed presentation for treatment.

(39 sources/75 references).

'It just.....I didn't think I could die or if I
 cared...I kind of waited and waited 'till the last
 minute before I'd do something about it.'



### Defaulting from treatment prior to completion.

(33 Sources/78 references)

 'Drunk one night and I must have hit my head against something, but I ....if I had....I'd to have 4 stitches or 4 staples and I just left....I had left the hospital and it closed up.'



# Low (often described as inappropriate) usage of Primary Care Services.

(22 sources/50 references)

'No one to make an appointment. It's laziness.
 Just laziness. You know laziness and a drug addict.'



# High (often described as inappropriate) usage of Emergency Department (ED).

(24 sources/56 references)

"I slept there for three months
 (laughs)....(laughs).....When I went in to the
 toilet I'd lock the cubical, put me sleeping bag
 out and went to sleep...And why Casualty.
 What.....It's Safe... and it's warm, and it's in
 out of the cold".



## Poor compliance with medication

(10 sources/30 references).

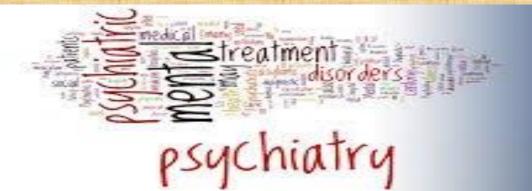
Not taking their triple therapy for HIV.
 Participant-18: "No, so I was thinking what's the point?"



## Avoidance of Psychiatric Services.

(10 sources/ 17 references)

 Participant-50 had an eating disorder, OCD and suffered from panic attacks. She did not want to see a psychiatrist as they had admitted her against her will on several occasions and she did not trust them. She had refused several attempts by her keyworker to link her with local GP's, mental health services and public health nurses.





#### Social, Economic & Structural Backgrounds Marginalization **Poverty Drug Addiction Homelessness Migrants External Barriers Internalised Barriers Physical** Financial Communicative Cognitions **Emotions** Administrative Attitudinal Resource Healthcare **Healthcare** Healthcare Healthcare Health **Needs and** Utilization **Desire for Primary Access** Seeking Reaching **Care Need Secondary Access Treatment Psychological Barriers Personal Background Individual Genetics Family Friends** Culture



# **Physical Barriers-Deterrents**

#### **Distance**

 "Well if I hadn't got you, I'd have to mainly go out to him and (it) is very far away?"



### **Application Process for Medical Card**





 "I had blood poisoning...and blood clots in my leg and I actually walked around for...a week and a half... Because I had no medical card or anything like and I was actually afraid to go up to hospital"

### **Appointments**

 'you wouldn't have much organisational skills or time



keeping or any of them things that a normal person would just take for granted..All those appointments about your health, you really don't prioritise that.'

### Waiting Times – Queues

 "Oh it was horrible like .... I used to be sitting in the waiting room thinking like...what's the point of this".



# Policies for Management of Addiction in Emergency Department

 "It could be a day before they see you even, and most drug users have to get out...get money and ...drugs. I often had to (leave the queue), I'd say most drug addicts do. When you come back you're put at the end of the queue again."

#### **Rules of Service**

"I'm a drug addict for f..k sake"



#### The Presence or Absence of Information

 Participant-11 had an old hospital prescription for his anti-coagulant medication (for deep venous thrombosis) which he said he had not been

able to get for 6 weeks as he had no doctor or medical card.

# Attitudinal Barriers-Deterrents

### **Stigma & Discrimination**

- "He just looked at me as if I was bleedin' dirt like."
- "As soon as you give them your name, you know what way you're going to be treated"



## **Attitudinal Barriers-Deterrents**

#### **Conversations of Exclusion**

- The Benzo Conversation.
- The Mistrustful Conversation
- The Blaming Conversation.
- The Assertiveness Conversation.

### **Internalised Inhibitors**

Internalised
Cognitive
Inhibitors

Internalised Emotional Inhibitors



### **Fatalistic Cognitions**

 "I don't care about me life...I can see death, in me... And it is going to happen someday. I think it's going to be very soon... I didn't expect to live very long either."



### **Denial Cognitions**

 "Everybody has a choice. I just wasn't listening and was in denial with my health."



- Presumption of Poor Treatment Cognitions
- P-36: "Yeah I won't go near that hospital."
- P-37: "I don't blame you"
- P-38: "It deters you from going there?"
- P-38: "Did you go to another hospital."
- P-36: "No, I'm not going to any hospital."

### **Self Blame Cognitions**

 "Sometimes you feel like that too, only wasting their time, you know. There's somebody out there who needs the help more than you need it...Because I'm a drinker and it's my own fault."



### **Presumption of Discrimination Cognitions**

 "Well there is doctors out there the minute they hear you are on drugs, you know what I mean, they kind of give you a wide berth"



### **Deferral to the Future Cognitions**

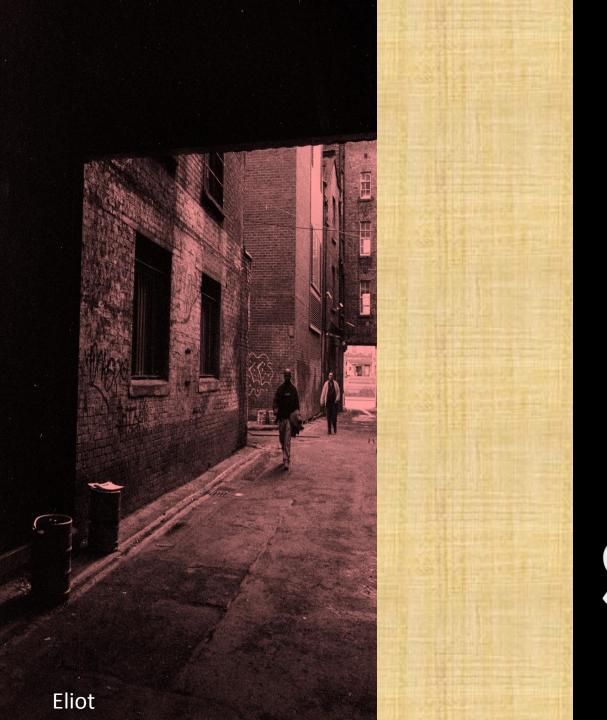
 "thinking aw it'll be get through tonight and then I'll worry about tomorrow."



### **Need to Survive Cognitions**

Competing Priorities.





Sham

#### Fear

"My partner like he wants off the Clinic...he
was.....jumped on...Verbal confrontation and
then bang.....youngsters for some reason, their
answer to everything is violence."



#### **Lack of Fear**



### Hopelessness

"I don't care about me life."



#### **Embarrassment**

 "Yeah, yeah, you know what I mean because I was dishevelled...when you're homeless and in that situation...I was sleeping the street for a week and you can't (go into hospital like that)."



## **Internalised Emotional Inhibitors**

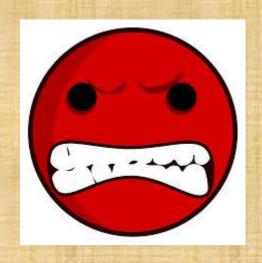
### Low self-esteem

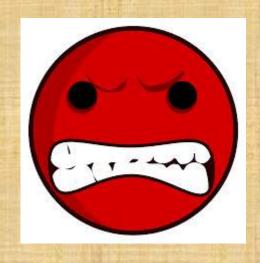
 "And along with the stigma sometimes you feel the inferiority complex. I think a lot of addicts have an inferiority complex... You do feel very small within yourself... Never mind the doctors that you feel lower and less of a life form than them.



## **Internalised Emotional Inhibitors**

### Anger







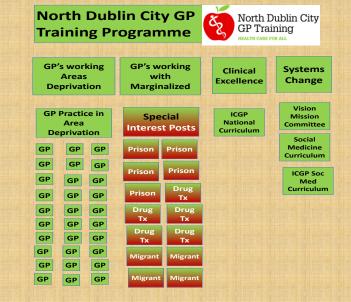
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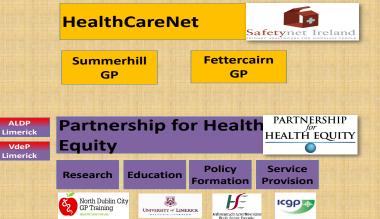


### THE DUBLIN PROJECT











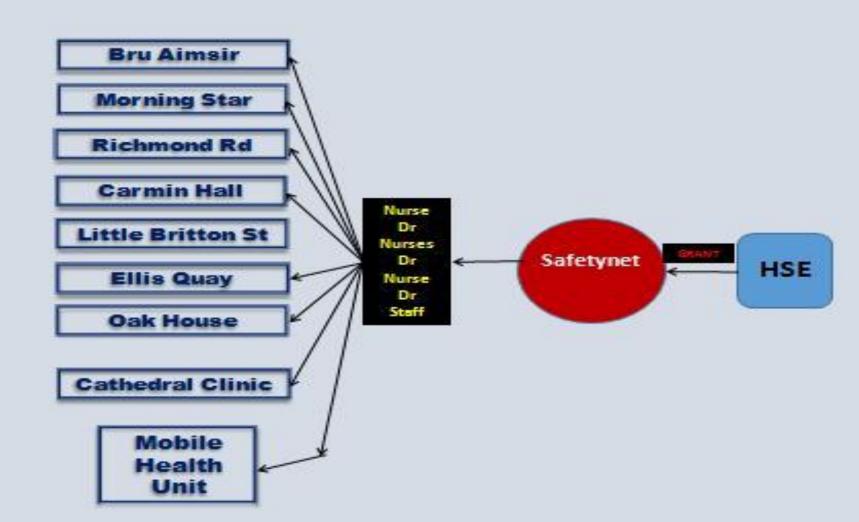






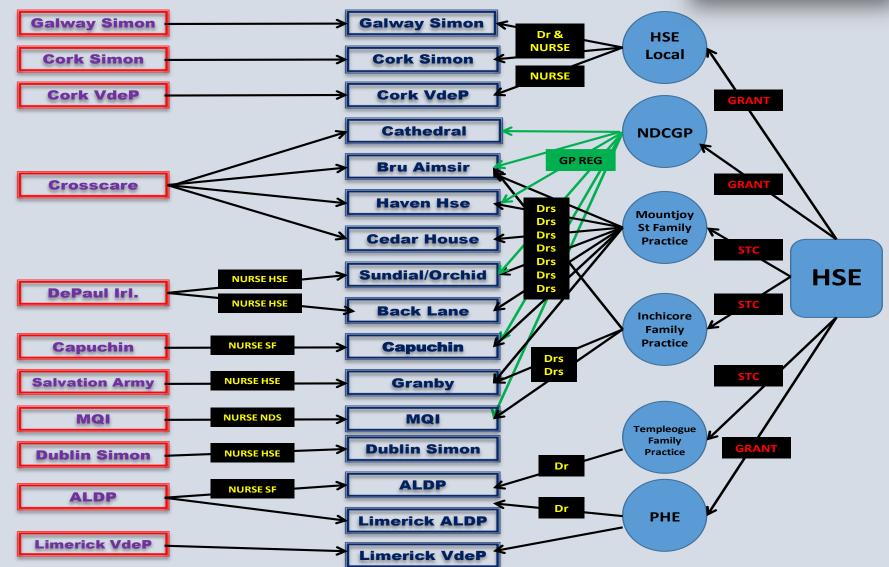
# Safetynet Homeless Direct Service Clinics





# Safetynet Homeless Affiliateed Service Clinics





## Safetynet Methadone Programme

- 510 started
- 86% retained in treatment
- 80% Accommodation Status Improved



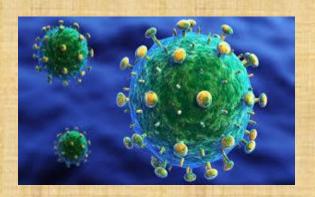
# Safetynet Clinics for Migrants





# Safetynet Mobile Screening & Integration Unit



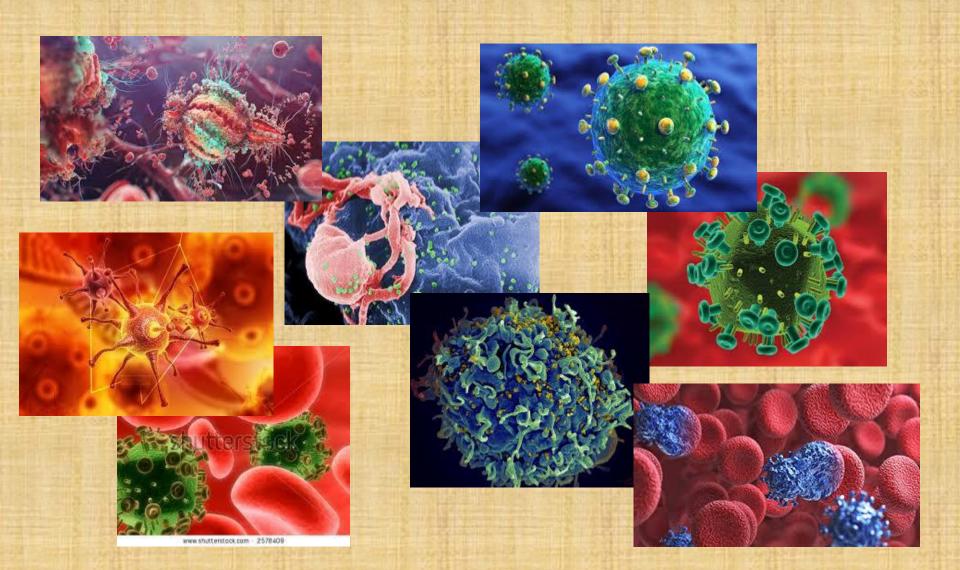






# Hepatiis C Project hepatitis B virus

## Safetynet HIV Stabilization Unit



## Safetynet Homeless Mobile Clinic





'If it was not here I probably would have asked hostel to call Doctor or to call an ambulance'

'I wasn't able to make it up to my Doctor today to collect my methadone or medication because of my legs, ...because of this ( Mobile Health Unit), I got a bit of help, it means I might be able to go up tomorrow.'

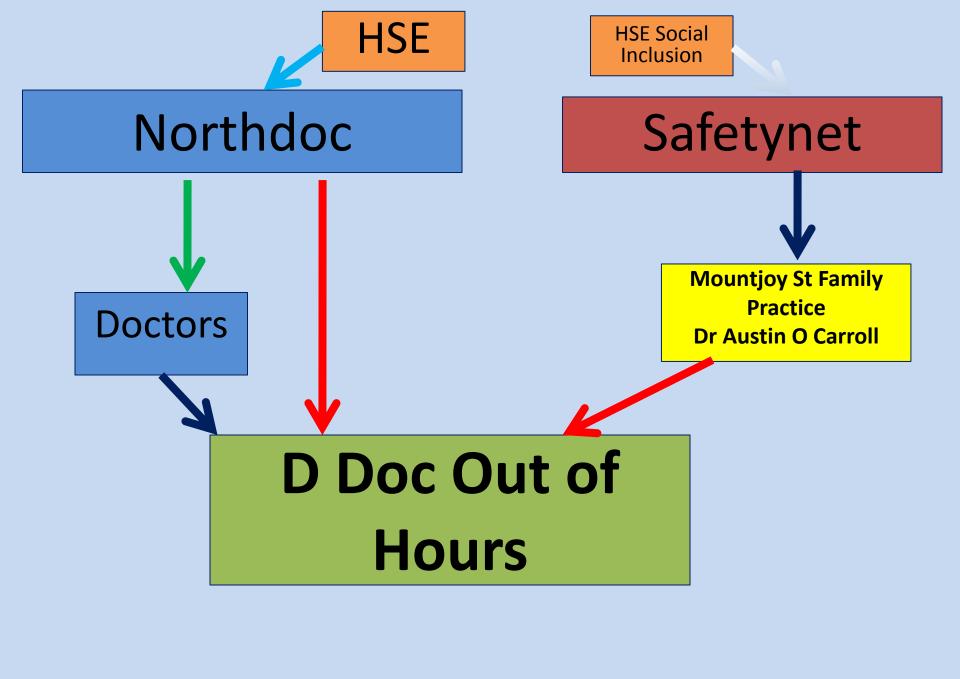
'Don't know where I would have gone without it'

'If it wasn't here, would have just suffered with it'

Offers us a chance to provide a low threshold, easy to access service for hard to reach group's

We see the difficulties homeless patients have in managing health problems in the context of their competing priorities and learn to tailor a treatment plan to their circumstances

It is a humbling experience and exposes us to the realities of homelessness



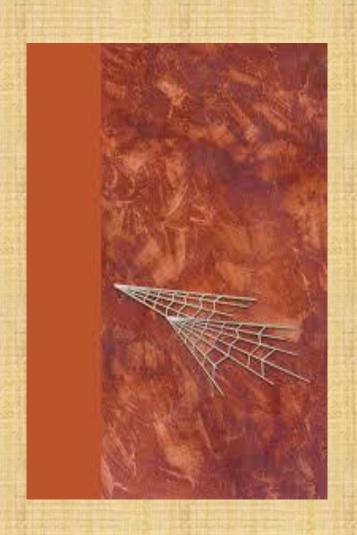
# Safetynet Street Medicine Symposium





# Safetynet Intermediate Care Centre







# North Dublin City GP Training

**HEALTH CARE FOR ALL** 

### **OUTCOMES**

### Survey:

- 38/42 (88%) Response Rate
- 37/38 working in an area of deprivation and/or with a marginalized population.

- 37/37 want to end up working in area of

deprivation and with marginalized groups.



### **OUTCOMES**

- Manchester
  - Funding for similar scheme obtained for 2019.
- Glasgow
  - Specialist Registrar Posts developed based on NDCGP.
- Northern Ireland
  - Seeking to develop National
     Social Medicine Curriculum

## Inclusion Health SJH



Sinead Byin Shanahapar Marguerite Dave Greenistackevin **Tibalg Vichug** Denise O Mahon Claire Dunne Cathy Culten Menendez Cillian de Gascun **McDonagh Derek Parker** Naughten graine Tuoh .... त्याष्ट्र Jean Angie Kuce Frank wulnine Kernayol Mura **Rough Sleeper** realiace anton **Gavin**ea Garroll mp Crowley Bringeda Kledwen Johnnagneri Moore Wic Cheallaighmins