Making Sense of Street Chaos

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

Fionn O'Reilly | Suzanne Barror | Ailish Hannigan | Stacey Sriver | Lynn Ruane | Anne MacFarlane | Austin O'Carroll
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.
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?”
Administrative Barriers-Deterrents

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”
Administrative Barriers-Deterrents

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.”
Administrative Barriers-Deterrents

Rules of Service

- “I’m a drug addict for f..k sake”

RULES!

1. You SHALL!
2. You WILL!
3. You MUST!
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.
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”
Conversations of Exclusion

- *The Benzo Conversation.*
- *The Mistrustful Conversation*
- *The Blaming Conversation.*
- *The Assertiveness Conversation.*
Internalised Inhibitors

- Internalised Cognitive Inhibitors
- Internalised Emotional Inhibitors
Internalised Cognitive 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.”
Internalised Cognitive Inhibitors

Denial Cognitions

- “Everybody has a choice. I just wasn’t listening and was in denial with my health.”
Internalised Cognitive Inhibitors

- 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.”
Internalised Cognitive Inhibitors

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.”
Internalised Cognitive Inhibitors

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”
Internalised Cognitive Inhibitors

Deferral to the Future Cognitions

• “thinking aw it’ll be get through tonight and then I’ll worry about tomorrow.”
Internalised Cognitive Inhibitors

Need to Survive Cognitions

• Competing Priorities.
Internalised Emotional Inhibitors

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.”
Internalised Emotional Inhibitors

Lack of Fear
Hopelessness

• "I don’t care about me life."
Internalised Emotional Inhibitors

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).”
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
THE DUBLIN PROJECT

North Dublin City GP Training Programme

GP's working Areas Deprivation
GP's working with Marginalized
Clinical Excellence
Systems Change

ICGP National Curriculum
Vision Mission Committee
Social Medicine Curriculum
ICGP Soc Med Curriculum

HealthCareNet

Summerhill GP
Fettercairn GP

Partnership for Health Equity

Research Education Policy Formation Service Provision

St James's Hospital Mater Hospital Inclusion Consultants Inclusion Nurses

Safetynet

Direct Services
Affiliated Services

Bru Aimsir Dublin Richmond Rd
Little Britton St Morning Star
Carmin Hall Cathedral Dublin
Roma GP Tallaght
Eastern European Project
Mobile Health Unit
HIV Stabilization Screening Unit
Refugee Integration

Hepatitis C Project

Hepatitis C Project

MQI Dublin Granby Centre
Capuchin Centre Sundial House
Back Lane Hostel Orchard Hostel
Haven House ALDP Dublin
Simon Cork Cedar House
Simon Galway SVP Cork
Methadone Service

MQI Limerick VdeP Limerick

ICGP Soc Med Curriculum

Partnership for Health Equity

Research Education Policy Formation Service Provision

North Dublin City GP Training Programme

THE DUBLIN PROJECT

Inclusion Health SJH

St James's Hospital Mater Hospital Inclusion Consultants Inclusion Nurses

Safetynet SJH Committee

Multi-disciplinary Team Meetings

Intermediate Care Centre

Summerhill GP
Fettercairn GP

Partnership for Health Equity

Research Education Policy Formation Service Provision
Safetynet Methadone Programme

• 510 started
• 86% retained in treatment
• 80% Accommodation Status Improved
Safetynet Clinics for Migrants
Safetynet Mobile Screening & Integration Unit
Hepatitis C Project
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
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
Denise O’Mahony
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Fiona O’Reilly
Jess Sears
Simon Rough Sleeper
Team
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Deirdre Dowdall
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Jean Twohig
Cillian de Gascun
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ALL THE KEYWORKERS AND EVERYONE ELSE