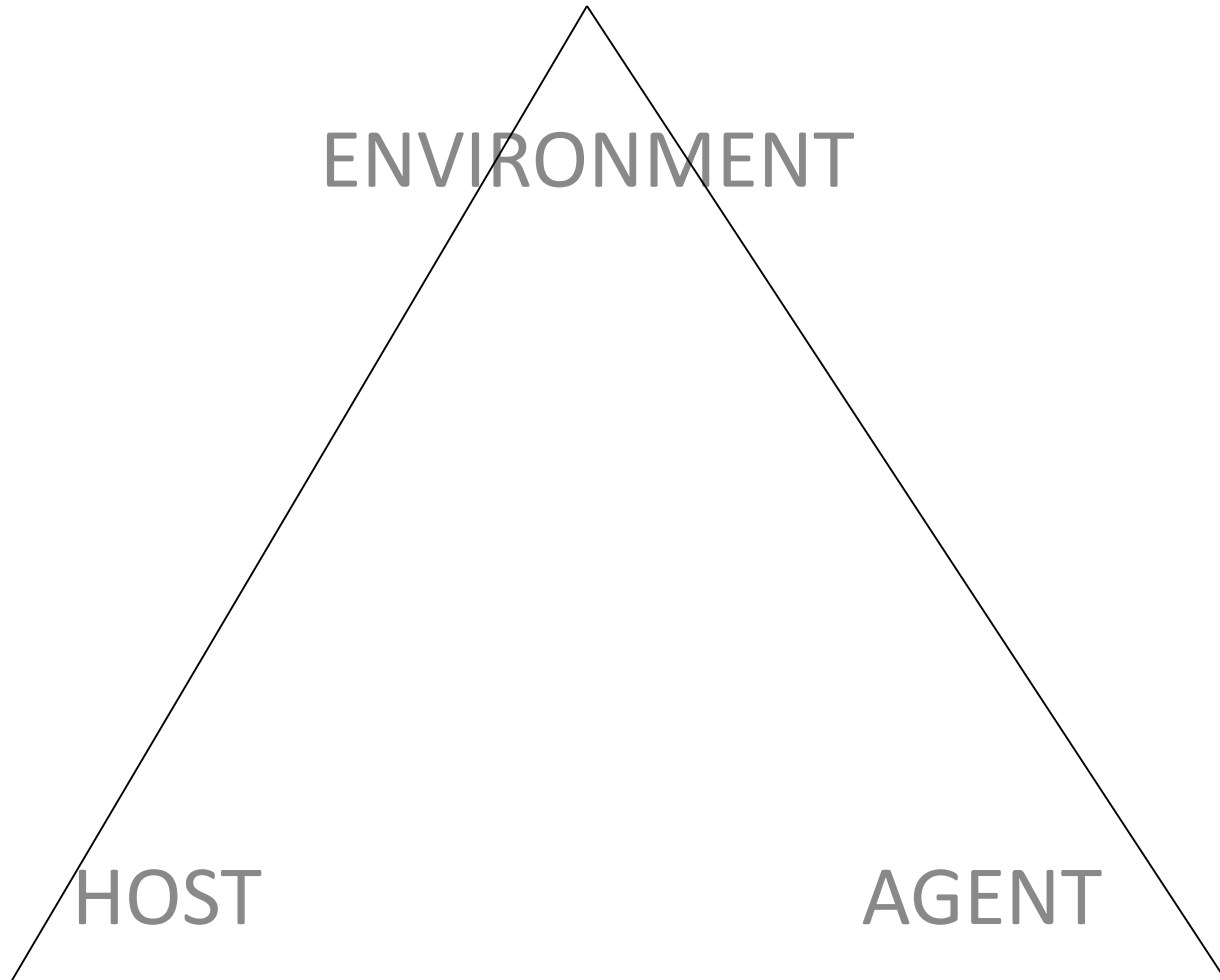


# Health, Homelessness and Harm reduction

John Budd

Edinburgh Access Practice

# Virchow's Triad (1856)





Edinburgh  
Access Practice

SPITAL  
STREET LN



Edinburgh  
Access Practice


# Remit of Edinburgh Access Practice (EAP)

“To provide primary care services to patients who are homeless, at risk of homelessness or who have a severe and established difficulty in engaging with mainstream services”

AND a TAP partner-agency with social work and housing.

# Homeless people who need healthcare:-

- Relationship problems
- Personality difficulties
- Victims of abuse
- Fleeing violence
- History of head injury
- Previously in LA care
- Experience of prison
- Armed forces veterans
- Refugees or asylum seekers

- 
- Sleeping rough
  - Sofa surfing
  - In temporary accommodation
  - Accessing Drop-in centres

# EAP experience of healthcare needs - PHYSICAL HEALTH

## Arising from

- Neglect
- Poverty
- Poor nutrition
- Alcohol and drug use
- Self Harm
- Poor health literacy
- Exclusion

## Issues

- Injecting related Problems – BBVs, wounds/abscesses, DVTs, vascular damage
- Chronic Pain
- COPD
- Head injury
- Musculoskeletal issues
- Dermatological problems
- Feet problems

# EAP experience of healthcare needs - MENTAL HEALTH

## Arising from

- History of inter-personal problems
- Pre-existing mental ill-health
- Exacerbated by negative sub-cultures in temp accommodation
- Homelessness becomes a 'state of mind'
- Defeated by the system

## ISSUES

- Substance use/dependence
- Anxiety/Depression
- Low Self Esteem
- Boredom
- Personality Disorder
- Self Harm
- Overdoses
- Psychological distress



# Health burden

- 133 registered patients, 86% men, Av. Age 42.8 yrs
- Group characterised by severe and multiple disadvantage – 53.4% with experience of homelessness, substance use and prison
- 63.2% of registered patients with a long term physical health problem
- 61.7% with a long term mental health condition
- History of attempted suicide or self harm in 26.4%
- 60.9% with chronic co-morbidity of physical and mental health problems
- In 2015, 48.1% attended A+E and of these 95% had a mental health condition.
- Health profile comparable to that of a general population cohort in their 80s

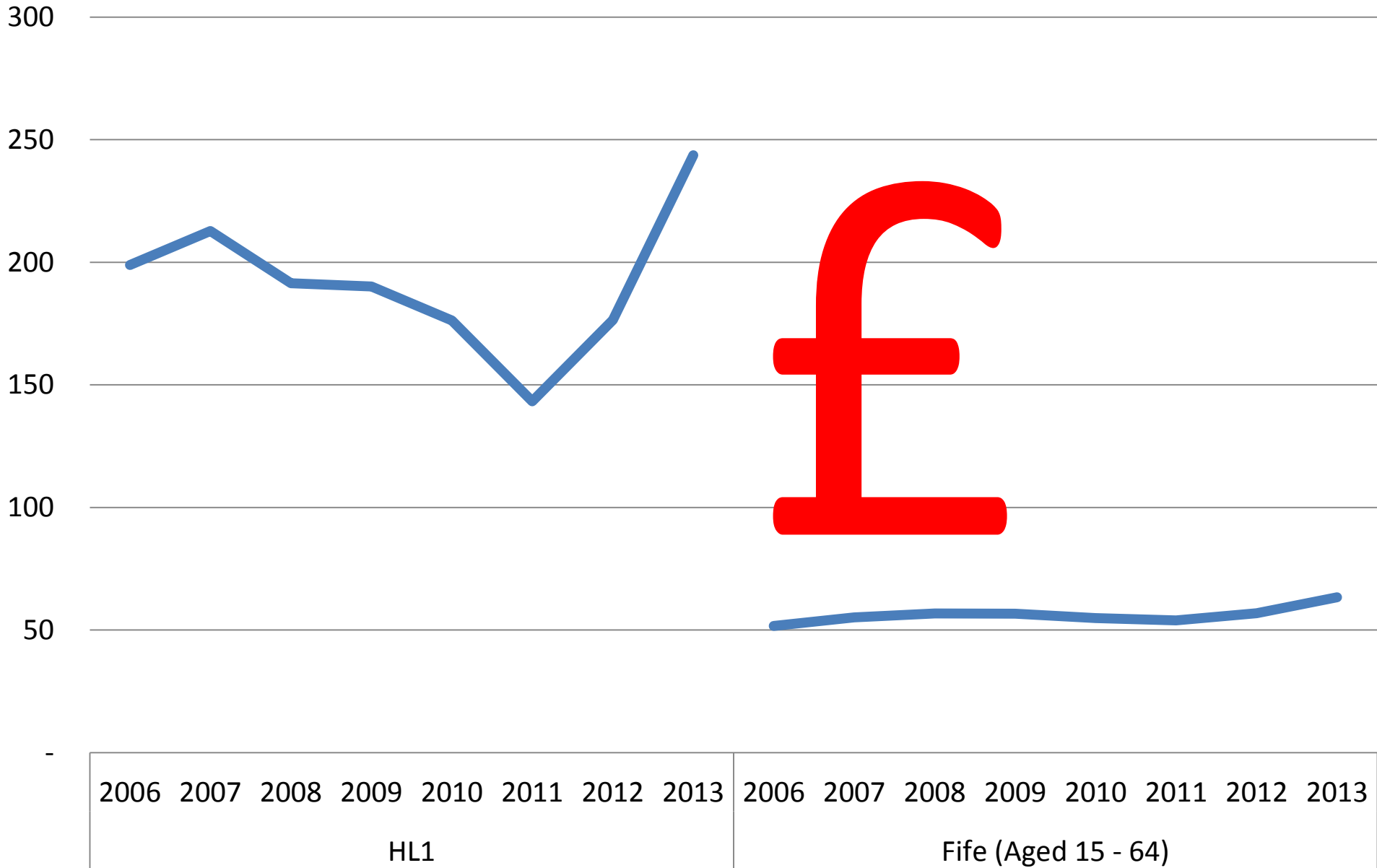
Queen et al(BJGP 2017)

# EAP admissions, Sept '13-Aug '14

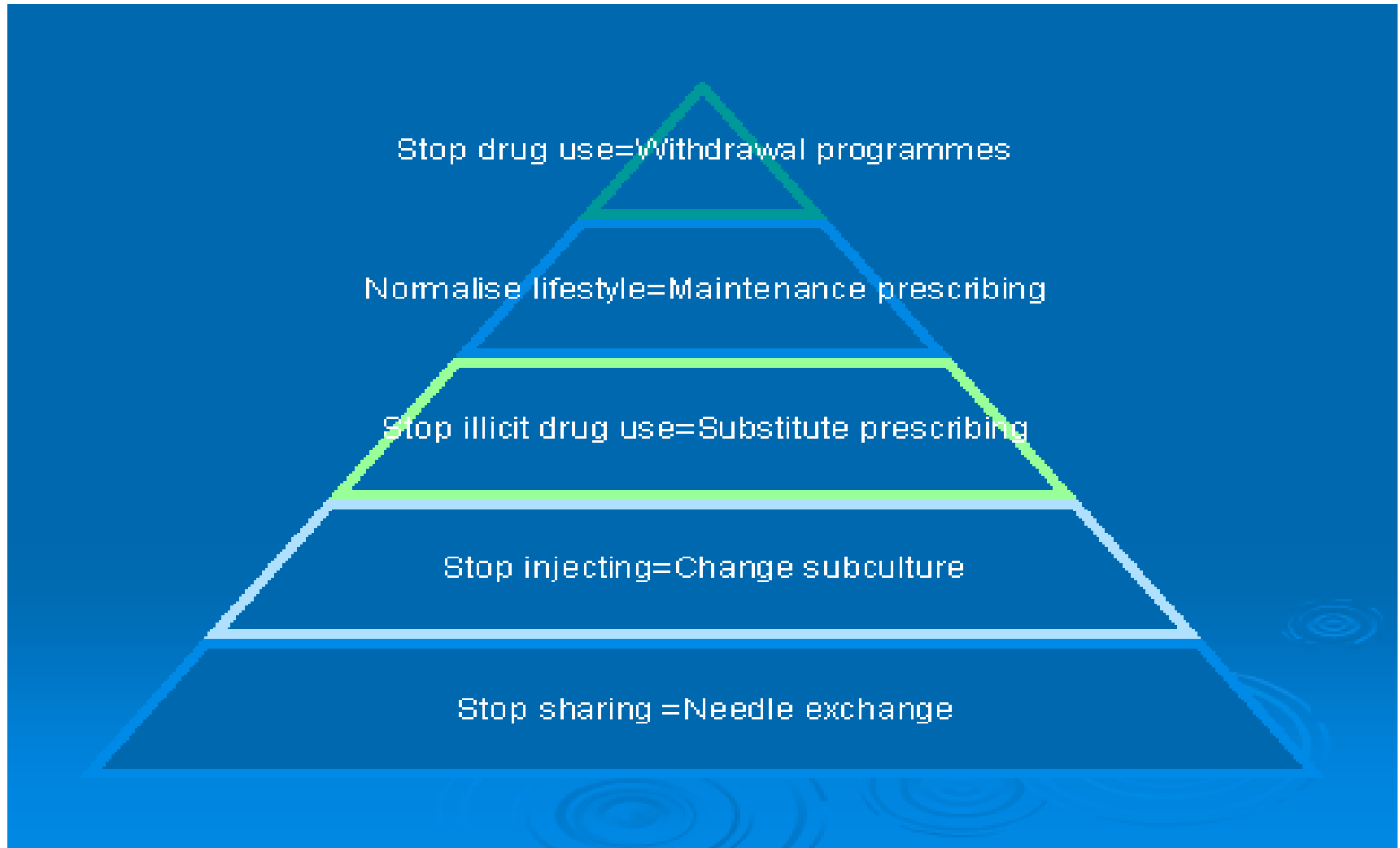
- 187 Patients admitted from a list size of approx. 600
- 534 Hospital admissions;
- 90 patients 1 admission
- 59 patients 2-4 admissions
- 25 patients 5-9 admissions
- 12 patients 10-14 admissions (Ave. 1.19 days)

# Emergency Admission Rate per 1,000 Population

Patients admitted to hospital as an emergency



# Harm Reduction

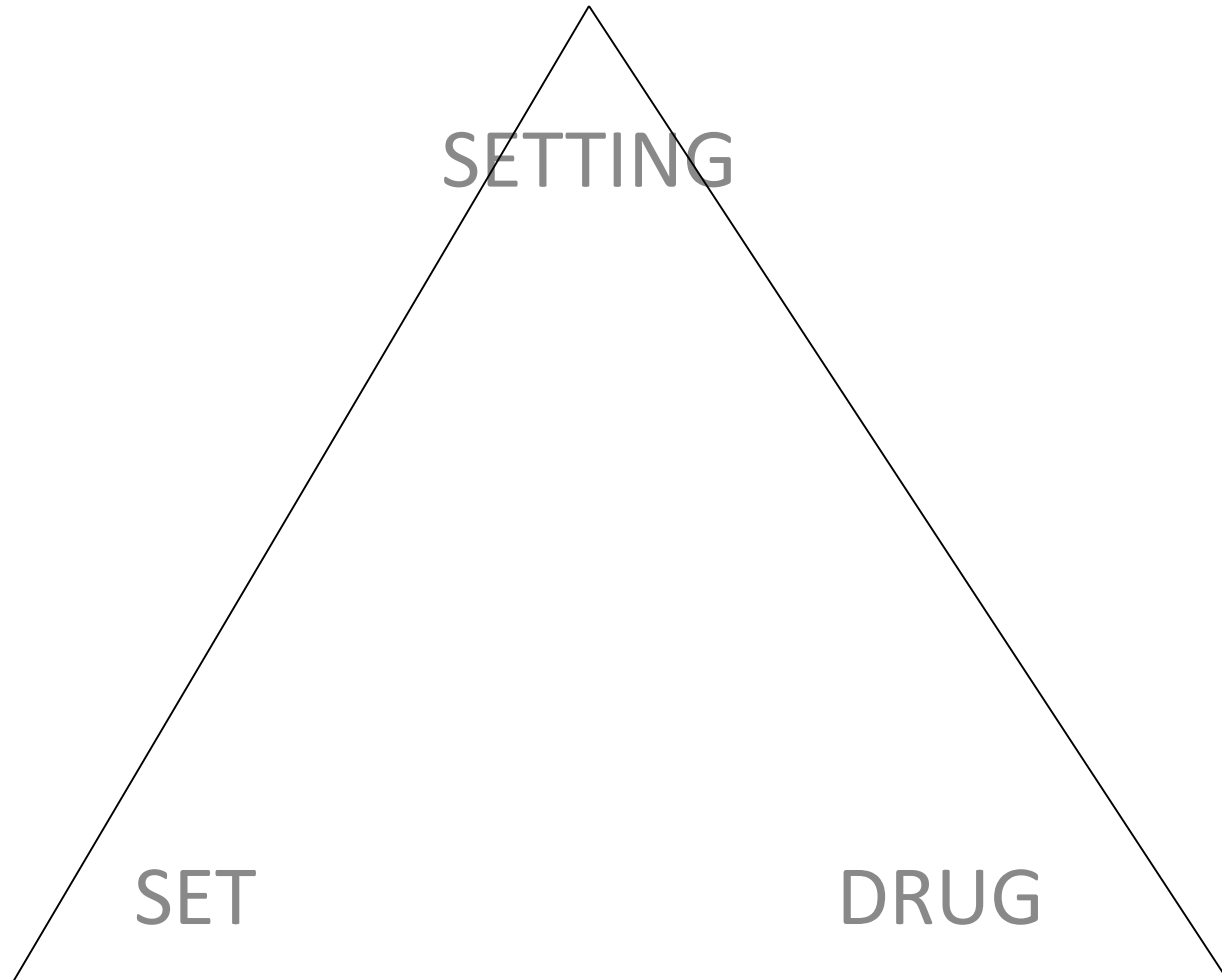


# Harm reduction

- **‘Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.’**

**Harm reduction coalition**

# Zinberg(1984)



Seen on outreach July'17 after recent d/c from RIE following a groin abscess



# Colin – mid forties

- Early life trauma – multiple care settings
- No secondary education
- Family loss
- Long history of drug problems + mental health difficulties + malnutrition
- 15 years history of homelessness + rough sleeping
- Multiple serious long term health conditions inc psoriasis, soft tissue infections, DVTs, femoral artery ligation, Hep C, self harm and multiple overdoses – both accidental and intentional.
- Sporadic contact with health services, frequent A+E attender



# Service response

- Bridge building - joined up response with street outreach team, housing, social work and health
- Developing trust
- Accessing money, food and accommodation
- Treating Colin's leg ulcer, malnutrition and drug dependence together – joined up care

# Colin's response

- Getting used to sleeping in a bed
- Eating regularly + starting to put on weight
- He attends EAP weekly for ulcer dressings – which are now healed
- He has stopped injecting heroin and is moving towards stability on Mmx
- His skin is improving
- He is starting to take care of himself

# Poverty and ACEs

- ‘our analysis underlines the centrality of poverty, especially childhood poverty, to the generation of homelessness’  
G Bramley and S Fitzpatrick (Housing studies, 2017)
- *“The mind is the gateway by which social determinants affect health”*  
*Michael Marmot (Polishing our Gems, 2017)*

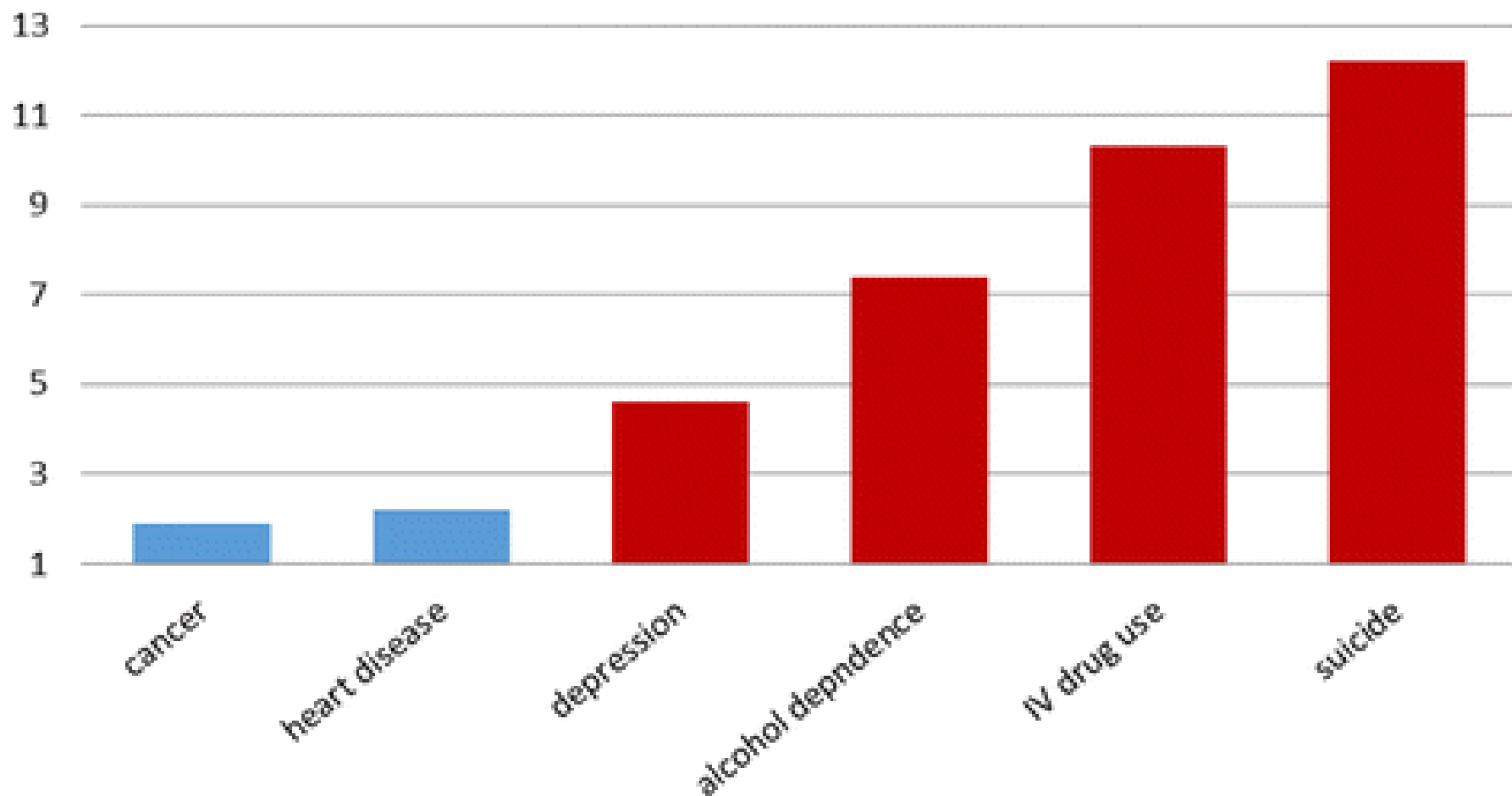
# Adverse childhood events

- Physical/sexual/emotional abuse
  - Neglect (physical/emotional)
  - Domestic substance abuse
  - Domestic violence
  - Parental mental illness
  - Parental criminality
- Highest risks ... are concentrated within low-income populations. Luchenski et al (Lancet 2017)

Association of childhood adversity with some adult physical health problems (shown in *blue*) and mental health and addiction problems (shown in *red*). The graph is adapted from Felitti [12], & shows odds ratios adjusted for age, gender, race, and educational attainment for adults exposed to four or more Adverse Childhood Experiences (ACE)

## ACE and health outcomes

(adjusted odds ratio, 4+ ACE)



# PIE

An enabling environment is an environment;

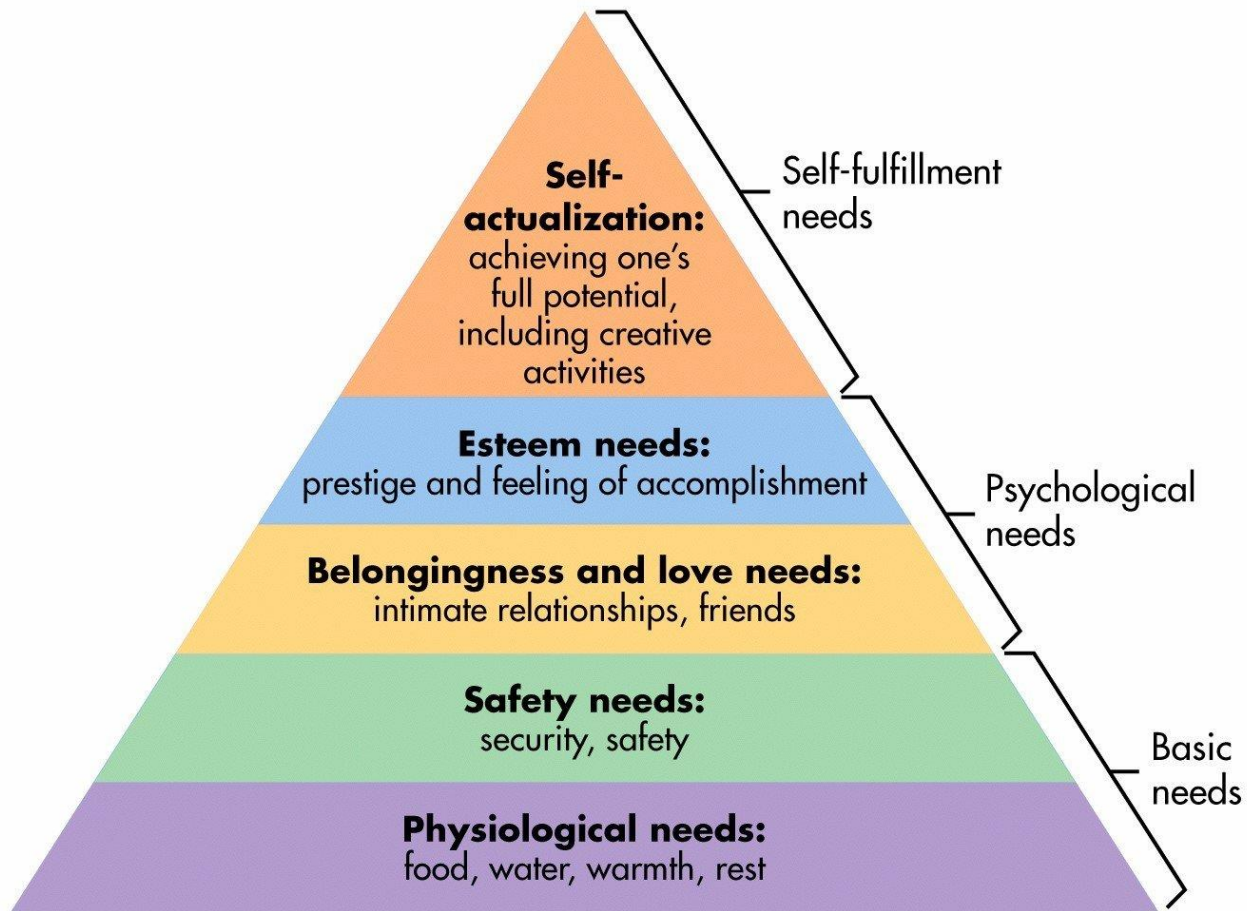
- In which the **nature and quality of relationships between participants or members** would be recognised and highly valued
- Where the participants share some **measure of responsibility for the environment as a whole, and** where all participants – staff, volunteers and service users alike – are **equally valued and supported in their particular contribution**
- Where **engagement and purposeful** activity is encouraged
- Where there are opportunities for **creativity and initiative, whether** spontaneous or shared and planned
- Where decision-making is **transparent**, and both formal and informal leadership roles are acknowledged
- Where power or authority **is clearly accountable and open to discussion**
- Where **behaviour, even when potentially** disruptive, is seen as **meaningful, as a communication to be understood.**

*Source: Haigh et al., 2012*

# **RELATIONSHIPS WITH PATIENTS**

**Initially face to face, eventually side by side**

**Julian Tudor Hart  
A NEW KIND OF DOCTOR**





# Aspiration

“I would just like to get a job and all that and just be like a normal person, but certain months of the year take a break, take a holiday and ... (I’d) just like to be living like the same mundane existence that eight tenths of the population are living.”