

Background

Homelessness can take many forms - street homeless, statutory homeless, bed and breakfast accommodation, hostels and unsuitable short term rents. 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 (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). 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

Since 2010 the number of people who are homeless in the UK has doubled (3). The causes driving 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. 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 fewer than two meals per day - alongside hypothermia for those who sleep outdoors or in very low quality accommodation (5). 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 (6). 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).

Current there are many issues around unstable rental housing, whereby families are unable to rent an adequate house for their family in the area in which they have always lived. This results in many short term lets, moving between homes, and even migration away from expensive cities to cheaper areas of the country. The government's own figures show that since 2011 the rise in the number of households evicted from privately rented homes accounted for 78% of the rise in homelessness (7). The charity Generation Rent has found that renters are 75% more likely to experience anxiety and depression compared to homeowners, which was attributed to the precarious life style that renters find themselves forced into (8).

A 2009 report commissioned by Crisis found that homeless people are nearly twice as likely to experience mental health problems, and have a rate of psychosis 4-15 times the rate of the general population (9). 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 (10).

Additionally those who are homeless face barriers to accessing the care to treating such health problems. Many GP **practices wrongly believe a permanent address is required** 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, resulting in many not consulting 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. UCLH has introduced a homeless pathways service, guiding those more vulnerable patients through the system, encouraging a

change in culture so that doctors consider homelessness before discharging patients back to the streets, and to also take the opportunity to engage patients with other services which may be of benefit. This approach has proved so successful, for the service users and financially for the NHS that there are now teams in 11 hospitals (11). • Students for Global Health believes

that:

- One of the most important determinants of health is a safe living environment and a supportive social network.
- Homelessness is the result of social, political and economic structures that cause individuals to 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.
- 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.

Students for Global Health calls upon:

Health and Wellbeing boards to:

- Collect robust data about the needs of local people who are homeless and the way that they access services in their area.

The UK government to:

- Prioritise the unique needs of people who are homeless and consider these when

planning delivery of health services.

- To consider the unique position many families are in, and the strengthening of tenants rights, while focusing on increasing available affordable housing.

Students for Global Health Branches
to:

- Establish and develop volunteering opportunities for students in their universities or medical schools, such as: 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.
- Aim to work in partnership with charities at a local level to support and promote their work.
- 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.
- Try to inform students with whom they work of the problems faced by the homeless, and unstable renting populations.
- Discuss with councils local policies around homelessness and petition changes to council policy.

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