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
• Over 160 hours of field work over 1 year.

• 4 different sites.

• 47 Semi Structured Interviews

• 2 Focus Groups with Hospital doctors and homeless people
CRITICAL REALISM

EPISTEMOLOGY

Artist: Dorothy Smith
Constructed Nature of Homelessness
Reality of Homeless Existence
Generative Mechanisms

- Generative Level
- Actual Level
- Empirical Level
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.
Health Service Usage Homeless People.


- ED Attendance:
  - SJH (2015) 6.2%
  - MMUH (2015) 7.3%

- Hospital Bed Days
  - SJH (2015) 6.6%
  - MMUH (2015) 5%
Healthcare Need

Healthcare Needs and Desire for Treatment

Healthcare Seeking

Healthcare Reaching

Healthcare Utilization
Primary Access
Secondary Access

Social, Economic & Structural Backgrounds

Poverty

Marginalization
Homelessness
Drug Addiction
Migrants

Internalised Barriers
Cognitions
Emotions

External Barriers
Physical
Financial
Communicative
Administrative
Attitudinal
Resource

Personal Background

Individual Genetics
Family
Friends
Culture

Psychological Barriers
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”
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.’
Administrative Barriers - Deterrents

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”
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.”
Internalised Cognitive Inhibitors

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.”
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.”
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
Healthcare Need and Desire for Treatment

Internalised Barriers
- Cognitions
- Emotions

External Barriers
- Physical
- Financial
- Communicative
- Administrative
- Attitudinal
- Resource

Poverty
- Homelessness
- Drug Addiction
- Migrants

Social, Economic & Structural Backgrounds
- Poverty
- Marginalization

Psychological Barriers

Personal Background
- Individual Genetics
- Family
- Friends
- Culture
Generative Mechanisms

1. Prior to Becoming Homeless
   - Poverty Associated
     - Lower Expectations
     - Familial Dysfunction
     - Substance Misuse
     - Fear of Authority
     - Illiteracy
   - Mental Health
Generative Mechanisms

2. Subsequent to becoming Homeless
   • Lack of appropriate accommodation
   • Ubiquity of Early Death
   • Immediate Survival Prioritised.
   • Chaotic Nature of Homelessness
   • Negative Experiences of Authority
   • Stigma & Discrimination.
Effect of ‘Territory’

THIS IS MY TERRITORY
Health Services Design suits the HSU of the domiciled population but not that of homeless people.
Safetynet Homeless Direct Service Clinics

- Bru Aimsir
- Morning Star
- Richmond Rd
- Carmin Hall
- Little Britton St
- Ellis Quay
- Oak House
- Cathedral Clinic

Nurse Dr Nurses Dr Nurse Dr Staff

Grant

HSE
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.
No of Consultations per Year
**Focus - mobile health clinic - A safety net**

A new mobile health clinic is providing care for homeless people and street sex workers, writes David Greene.

The Safernet network for homeless health services, in conjunction with the Dublin Simon Community, the O’Reilly Community Drug Clinic for homeless people and street sex workers. The aim of this service is to bring primary healthcare and harm reduction services to homeless clients. Safernet was established to fill a gap in service provision for homeless people, especially those living on the streets.

The clinic is the brainchild of Dr. Austin O’Carroll, a GP with his own practice on Mountjoy Street, Dublin 7. Dr. O’Carroll is the voluntary agency providing primary healthcare to homeless people living in Dublin City and County. Safernet is a service and commitment of a number of key players including the HSE, GPs and the voluntary sector who work in partnership to run the service targeted at people who are homeless in Dublin. Homeless people have higher morbidity than physical conditions, as well as mental illness and substance misuse. 12

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**All aboard for a health check**

Recently opened mobile clinic runs twice each week and offers GP services to homeless people and sex workers, writes CLAIRE O’CONNELL.

"I DON’T know where else I would go, to be honest." That’s the verdict of one homeless woman attending an out-of-hours mobile health clinic at Stephen’s Green in Dublin recently, and it reflects the views of many of the patients who came seeking medical services that night.

The clinic, which officially launched its newly-kitted-out bus, runs twice each week and offers GP services to homeless people and sex workers.

The mobile health clinic grew out of a need to engage with homeless people who may otherwise not access primary healthcare services, explains GP Dr. Austin O’Carroll, who has been a driving force behind it.

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**The power of goodwill – Documenting Dublin’s mobile health clinic**

Safernet Ireland operates a free mobile health clinic for those who find themselves on the streets. A photographer has been following their work and has shared his pictures with Thejournal.ie.

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**Health care by night**

An innovative mobile health clinic is taking to Dublin’s streets at night to treat homeless people. Maureen Nolan, author of the study on Dr. Austin O’Carroll, who set up the service.

"We wanted to explore the idea that there are people involved in health care roles," says Dr. Austin O’Carroll, an internist GP who has set up a mobile health clinic for Dublin’s homeless population.

Taking rough sleepers on Thursday and Friday nights, the staff on the mobile clinic don’t often come across homeless individuals about survival.

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**Health on the streets: crucial care for people without homes**

The number of people attending Safernet’s mobile medical clinic is growing all the time.

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**Tags**

- Austin O’Carroll
- Cork
- Dublin
- Hugh McInerney

**The power of goodwill – Documenting Dublin’s mobile health clinic**

Safernet Ireland operates a free mobile health clinic for those who find themselves on the streets. A photographer has been following their work and has shared his pictures with Thejournal.ie.

Since 2007, Safernet Ireland has been providing free healthcare to both the homeless and sex workers of Dublin, Cork and Galway.

The brainchild of Dr Austin O’Carroll, a GP from Dublin, the service operates on a shoestring budget and an abundance of goodwill from doctors and community groups.
Safetynet Street Medicine Symposium
Safetynet
Intermediate Care Centre
North Dublin City GP Training

HEALTH CARE FOR ALL
Vision

• That every person and community has access to a professional, quality and holistic general practitioner service that will allow them maximise their health irrespective of background and economic status.
Mission

• To form professional and high quality general practitioners whose passion is to maximise patient and community health in a holistic manner and whose own health is maximised through the ability to self-care.
The Curriculum

• Social Medicine Module
• Self Care Module
• Change Management Module
• Research Module
• Arts Programme
The Curriculum:
Social Medicine Module

- Stigma & Discrimination
- Health Inequities
- Health of Marginalised Groups
- Consulting Behaviour
- Primary Healthcare in Community
- Treatment of Drug Misuse
- The Time Efficient Consultation
The Curriculum:
Self Care Module
The Curriculum: Arts Programme
GP Practices
Special Interest Posts
Special Interest Posts

• http://www.healthequity.ie/education-1
Vision & Mission Committee
Post Scheme Mentoring & CME
OUTCOMES

• Applications
  – Highest rate of Applications of any scheme in country.

• National Impact
  – Social Medicine Module
  – Migrant Health Module
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
• Homeless patients in SJH:
  
  • ED: 10-fold higher 6%
  
  • Inpatient days: 20-fold higher 10% (up to 15%)
  
  • At least 10 million euros/year
Inclusion Health SJH

Inclusion Consultant & Nurse

Multi-Disciplinary Team Meetings

Hospital Sub-Committee on Homelessness

Inter Hospital Working Committee
PARTNERSHIP for HEALTH EQUITY

North Dublin City GP Training
Health Care For All

University of Limerick
Ollscoil Luimnigh

Feidhmennacht na Seirbhísí Sláinte
Health Service Executive
EQUALITY

EQUITY
Making health equity a reality through research, education, policy and practice
HealthCareNet
HealthCareNet

Deprivation level (2006)

1 - least deprived
2
3
4
5
6
7
8
9
10 - most deprived
HealthCareNet

A self funding social enterprise focused on providing primary health care to those in most need

A sustainable solution to permanently addressing a gap in our primary care model
- Population 6839
- Population Density: 9393 people/km²

Deprivation level (2006)

1 - least deprived
2
3
4
5
6
7
8
9
10 - most deprived

Sahru Index (Kelly Teljeur)
THE DUBLIN PROJECT

North Dublin City GP Training Programme

Safetynet

Direct Services
- Bru Aimsir Dublin
- Richmond Rd
- Little Britton St
- Morning Star
- Carmin Hall
- Cathedral Dublin
- Roma GP Tallaght
- Eastern European Project
- Mobile Health Unit

Affiliated Services
- MQI Dublin
- Granby Centre
- Capuchin Centre
- Sundial House
- Back Lane Hostel
- Haven House
- Simon Cork
- Cedar House
- Simon Galway
- SVP Cork

Inclusion
Health SJH

- St James's Hospital
- Mater Hospital
- Inclusion Consultants
- Inclusion Nurses

Safetynet SJH Committee

Multi-disciplinary Team Meetings

Intermediate Care Centre

Hepatitis C Project

HealthCareNet

Summertime GP

Fettercairn GP

Partnership for Health Equity

Research  Education  Policy  Formation  Service Provision

ICGP National Curriculum

Clinical Excellence

Systems Change

Vision Mission Committee

Social Medicine Curriculum

ICGP Social Medicine Curriculum

GP's working Areas Deprivation

GP's working with Marginalized

Special Interest Posts

GP Practice in Area Deprivation

GP in Prison

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ALL THE KEY WORKERS AND EVERYONE ELSE