



Palliative care for homeless people.

Original Report by Bernat Carreras, Jordi Valls, Sylvia Regueiro, Ivette Morilla, Joan Uribe, Cristian Ochoa. Anuario de Psicología, Universitat de Barcelona (2017) Volumen 47, (pp. 95-106)

<https://www.sciencedirect.com/science/article/pii/S0066512617300144>

Review of the article by: **Laura Guijarro and Joan Uribe**

The lack of access to housing has increased in Europe since the beginning of the economic crisis and the subsequent refugee and migration crisis. Lack of housing is associated with greater health problems and higher premature mortality, especially in the homeless population. In the United Kingdom for instance, the life expectancy of the general population is 77 years, while in the homeless population it is 47 years for men and 43 years for women. In Denmark, people who live on the street die an average of 20 years earlier than the general population (Feantsa, 2015).

Although the interest in palliative care (PC) and in offering a dignified death to people has been growing in Europe in recent decades, in the homeless population it remains a need not yet covered.

This study examines the quality of PC, its degree of development in Catalonia, and highlights the program promoted by the La Caixa Foundation, directed by the Catalan Institute of Oncology (ICO) and endorsed by the WHO. This program has promoted the creation of 42 psychosocial care teams (EAPS) to complement the care provided by the healthcare teams of the Spanish National Health System to patients with advanced diseases and their families. Some of these EAPS (constituted of psychologists, social workers, doctors, pastoral agents and volunteers) extend their work to more specific and vulnerable populations such as the homeless.

The first part of the article it is about homelessness, the different situations people who are homeless can find themselves, and the risk factors that can lead to homelessness.

The second part presents the health variables (comorbidity and mortality) and covers the main concepts of PC in general, as well as the palliative needs of homeless people.

Finally, in the third section shares the concrete experience of clinical psychologists who work with homeless patients with advanced or chronic diseases.

1. HOMELESSNESS

To provide a better understanding of homelessness, the authors present the typologies of homelessness and residential exclusion established by FEANTSA in 2005. The ETHOS typology covers all living situation which amount to homelessness including: the 'roofless', who sleep rough; the 'houseless' who have a place to sleep but only temporarily in a shelter; and those who living in insecure or inadequate housing.

The authors describe the situation of homelessness at a European level, highlighting the work of Busch-Geertsema, et al. (2014), that analyzes the evolution of homelessness in Europe, noting an upward trend in the last 5 years in almost all European countries.

Regarding Spain, it is noted that Catalonia, with 21.3% of the state total, is the autonomous community where most homeless people live. In the specific case of the city of Barcelona, there is an upward trend, with around 3000 homeless people (with almost 1000 living on the streets) according to the count carried out by the XAPSLL in 2017. There is greater political will to end homelessness supported by the Barcelona City Council's Plan for the Fight against Homelessness 2016-2020. The survey shows that the profile of homeless people has demographic characteristics that are increasingly similar to people "integrated" in society (with an increase in homelessness due to non-payment, housing losses and unemployment) and analyzes the causes, situations, and events that can lead a person to end up in a homeless situation.

2. PALLIATIVE CARE FOR HOMELESS PEOPLE.

Lack of housing is associated with greater health problems and sometimes it is even the direct cause of mortality, as well as of complexity of treatment or recovery. Some homeless people, particularly those who sleep rough and those using shelters for long term, are affected by multiple morbidity, including drug and/or alcohol abuse, and mental and physical



health problems. According to the study of Uribe and Alonso (2009), the most prevalent diseases in homeless people are in this order: musculoskeletal disorders, cardiovascular disorders, mental disorders, drug addictions, neurological disorders, digestive disorders, and respiratory disorders.

The authors show that among homeless people there is less use of health services and that, in addition, providers of these services often lack the resources and flexibility to care for these people. That is why they propose to have a protocol for homeless after hospital discharge, as well as having specialized centers with sufficient resources, as is also included in the National Strategy for Homeless People.

The main objective of palliative care is to reduce the symptoms and pain and to provide comprehensive care including physical, psychological, and/or spiritual care. Palliative care should cover the full evolution of the disease, provide care to both the patient and their caregivers, and should respond to any needs they may have. In the case of palliative care for homeless people, it is necessary to start the approach well in advance in order to guarantee interdisciplinary care. It must be considered that homeless people are extremely vulnerable and also more likely to suffer discrimination or to experience barriers to access to health care due to their socio-economic situation, the presence of diseases such as HIV, a history of addictions, etc.

Despite the fact that palliative care is a universal right and that homeless people have special needs, the report concludes that today most homeless people die without any support. The authors refer to a FEANTSA report (2015) in which they analyze some of the barriers faced by the homeless when they attempt to access care at the end of their lives. These include: overly strict hospital norms, lack of confidence in the health system, and difficulty in accessing residential palliative care since the services are not provided in residential centers of a temporary nature.

3. OUR EXPERIENCE: ATTENTION TO THE PSYCHOLOGICAL NEEDS OF HOMELESS PATIENTS IN SITUATIONS OF ADVANCED CHRONICITY AND/OR END OF LIFE

An interdisciplinary approach is needed, bringing together expert professionals in end-of-life care and expert professionals working with homeless people, so that care for these people is as comprehensive as possible. That is why there has been a confluence between the team Serveis Socials Sant Joan de Deu in Barcelona and the psychosocial care team (EAPS) of

the Parc Sanitari Sant Joan de Déu. The result of this collaboration between professionals are presented in the article. The collaboration agreement between both teams lasted 2 years (from August 2015 to August 2017) and during that time specialized psychological care was provided to homeless users of Social Services by a clinical psychologist from EAPS. The patients treated were not only patients at the end of their lives, but also complex chronic patients (PCC), having multimorbidity, advanced fragility, or a clinical condition that involves demanding management. Within the CCPs mainly the MACA subgroup have been served (patient with advanced chronic disease). In the two years of collaboration, 21 patients were attended over a total of 142 residential places divided into two centers, one with 52 places and the other with 90 places.

The authors report that one of the main difficulties was to publicize the psychological care service, so one of the objectives was to publicize the criteria for referral and that workers could detect in the centers those residents with advanced disease that could benefit from specialized psychological care. The referral, therefore, always started from the worker or social educator of reference. The referral criteria were divided into: presence of advanced disease, affective symptomatology, anxious symptomatology, substance use, and problems of adaptation to the disease. Almost all the referred patients presented one or more psychiatric diagnoses, dual diagnosis being the most common comorbidity.

The visits were made in the two residential centers of Sant Joan de Déu Serveis Socials, and in the social inclusion flats also belonging to Sant Joan de Déu Serveis Socials of Barcelona. Group treatment sessions focused on both users and professionals of the centers were also carried out.

The report concludes that there is a significant gap in terms of psychological care for homeless people with advanced disease and a great lack of knowledge of homeless health. It is therefore necessary to establish alliances between palliative care professionals and professionals in the field of homelessness. Having a referral protocol for homeless people after hospital discharge, as well as specialized centers and flexible health care are among other proposals proposed by the authors.

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