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Securing medical care for homeless men and women

Report of the Bundesarbeitsgemeinschaft Wohnungslosenhilfe e.V. (BAG W)

The following report is based on several position papers and expert recommendations of the BAG W as well as on two surveys of the BAG W dating from 2004 and 2006.

1. Introduction

Medical care is one of the elementary prerequisites of secure subsistence. Homeless persons are sometimes excluded from regular medical care and health care or it is difficult to reach them with existing health care structures due to varied circumstances that result from their life situation.
Often the cost-intensive, selective medical care of an emergency room or an emergency hospitalisation serve as - voluntary or involuntary - "substitute" for the lack of primary health care of homeless persons.
Target group specific, low-threshold services try to fill this gap in medical care and to secure appropriate primary health care. The need for accordingly adapted support services has been determined and differentiated in the scope of several research projects. Nevertheless, the existence and further extension of these services that are undisputed amongst experts is not at all secure. In the following of this document the legal, political and professional context as the Bundesarbeitsgemeinschaft Wohnungslosenhilfe e.V. sees it will be presented.

2. Objectives and target group

The specific health care services listed in this document are aimed at homeless persons according to the definition of the Bundesarbeitsgemeinschaft Wohnungslosenhilfe e.V.[1].
So-called low-threshold services are necessary when access to support services is difficult for homeless persons on account of structural or individual access barriers, for example due to unclear insurance situations, social predicaments, lack of disease awareness, negative experiences with the regular health care system and/or social support services, or communication problems during treatment contact.
The objective of such low-threshold services for homeless persons is to secure primary health care and to provide additional assistance and support for using regular health care services. The return to the regular health care system remains a crucial factor. In this context, the successful referral of patients to regular health care facilities does not only depend on the patient's individual limitations but also on the adjustment capacity of the regular health care system.
Taking into account the requirements of persons in psychosocial problem situations with consideration of their respective life situations is an important contribution on the part of the health care and social system without which lasting and continuous support services cannot be secured.
In addition, a certain portion of the patients who - despite of increased efforts - will not be able to make the necessary use of the regular health system's support services will require specific

[1] Homeless are considered individuals or families without own accommodation that is secured under tenant law who
- are put up non-institutionally (e.g. with friends or acquaintances) or
- institutionally (e. g. in a home or in emergency accommodation) or
- who live on the street without any accommodation.

In danger of becoming homeless are considered individuals or families who are in imminent danger of losing their accommodation e.g. through termination, action for eviction or other circumstances as for example a violent partner.

medical services that are close to their living environment including medical, nursing and social-compensatory care in facilities of the Wohnungslosenhilfe on a long-term basis.

3. Legal framework

The health care of homeless persons is secured by two legal pillars in the Federal Republic of Germany. In the section income support of the German social security code ("Sozialgesetzbuch XII - Sozialhilfe") "medical benefits" ("Hilfen zur Gesundheit) are legally established: "The benefits /…/ are equivalent to the benefits of state health insurance." In this context, the free choice of the doctor has to be ensured. Therefore, law also regulates the assumption of treatment costs of homeless people who are not insured under the state health insurance plan. This legal claim is differentiated in the German social security code (SGB). It has to be underlined that the claim cannot be decided on for political reasons but that law regulates it. Nevertheless, in reality the enforcement of this legal claim is not always guaranteed.

§ 72 (2) SGB V determines that the associations of panel doctors („Kassenärztliche Vereinigungen") have to guarantee the „appropriate, suitable and economical medical care of the insured persons". The scope of the guarantee is described in § 75 SGB V.

On January 1st 2004 a reform regarding health legislation has come into effect that led to a further deterioration of the already bad state of health of homeless men and women.
Since January 2004 all welfare recipients and therefore also homeless persons have to pay a medical consultation fee ("Praxisgebühr") of 10.00 Euros per quarter as well as a co-payment to medicaments, remedies and therapeutic appliances.
In May 2006 the BAG W conducted a representative survey amongst the Wohnungslosenhilfe facilities regarding the effects of this reform in the health care sector. 54% of the Wohnungslosenhilfe facilities state that their clients' health status has further deteriorated. 82% of the facilities note an increased need for consulting and support activities because of the law and 62% of them support their clients financially (through donations) to enable them to get the most necessary medical treatments. Nevertheless, most Wohnungshilfe facilities will not be able to continue doing this on a long-term basis.

4. Fields of work

Within the field of primary health care and emergency medical treatment of homeless persons the field of work of medical and nursing support services is mainly defined through the **particularities of the target group and** their **infrequent use of the regular health care services.**
All projects concerning the low-threshold medical care of homeless persons start where access thresholds prevent homeless persons from making use of regular health care services. Only the **active reduction of access thresholds** makes the start of treatment possible, often services that include visiting the persons are necessary. During the further medical care the employees then have the **central function of determining** necessary and appropriate medical, nursing or psychosocial services.
Homeless persons suffer more often from **multiple diseases** that mostly require a multidisciplinary treatment than the average population.
In addition to their social situation and the somatic diseases that have to be treated, the majority of homeless patients suffer from mental disorders including addictive disorders and schizophrenic psychoses that are less often the cause for a direct consultation but nevertheless need to be taken into account in all treatment situations.
It often takes a long time until contact is established with patients of this group.
The treatment usually takes place in the living environment of the patient and the circumstances always lead to expect that the current consultation remains the only contact. A successful referral to another doctor for further treatment cannot always be expected.
However, the **continuity of treatment** plays a crucial role. Further contacts can often only be established after a **stable and trusting relationship between the doctor/nurse and the patient** has been established (which might take months).

5. Factors that interfere with the medical care of homeless persons are

- Lack of medical services that are adapted to the needs of homeless persons
- Unclear insurance situation or lack of insurance
- Negative experiences with the regular health care system and/or institutional support services
- Mistrust of institutional support services
- Communication problems during treatment contact

- Aggressive behaviour
- Self-injuring behaviour
- Altered state of consciousness due to addictive substances resulting in more difficult diagnostic and treatment
- Bad hygiene of body and clothes
- Limited ability to acknowledge their disease and motivation to cooperate
- Insufficient interconnection of health care services with further support services
- Lack of consideration of gender specific and/or ethnic particularities

6. Specific approaches in low-threshold medical aid projects

A **graded treatment** model seems the most appropriate in view of the different access circumstances of the target group. The following areas can be differentiated:

- Street visits (medical street work)
- Use of a mobile ambulance
- Consultations in facilities of the Wohnungslosenhilfe
- Treatment in short-term care units („Krankenwohnungen“)
- Cooperation with partners of the regular health care system

The individual grades differ regarding their intensity, structuring, treatment situation and their access barriers. While medical street work requires little motivation on the part of the patient, the visit to the surgery of an aid facility necessitates at least a minimum of initiative or acknowledgement of the disease by the patient. According to the grades, the shift of the individual treatment contacts to the facilities and the integration of the patients in the regular health care system differ as well.

The objective of such a graded model is the development of services that finally lead the patients to use regular health care services. Yet, the proximity to the patients' living environment is a crucial prerequisite of all grades of the treatment model. The thorough understanding of the life situation of homeless persons from own experience allows for a treatment that meets the patient's requirements and therefore is acceptable for the concerned person in his or her specific life situation. Since a lot of the health-related problems of homeless men and women are closely connected with their social circumstances and cannot be solved satisfactorily without considering the latter, a close cooperation with the qualified social education staff of the Wohnungslosenhilfe is necessary.

Homeless women need access to medical care that is adapted to their specific health problems and appropriate for the manifestations of female homelessness.

7. Structural resources for the projects

Resulting from the described fields of work and the specific approaches regarding the medical care of homeless persons the following requirements concerning the structural resources for the projects are to be met:

- **Personnel resources**

The interdisciplinary treatment teams consist of one examined nurse, one doctor and one social education specialist. In each individual project the same doctor should be continuously employed. To ensure treatment continuity the arrangement of vacation and sickness replacements has to be taken into account since treatment services should not be interrupted for longer periods of time.

- **Premises**

Only in rare cases can it be expected that **treatment rooms** are available in the facilities of the Wohnungslosenhilfe from the start. Nevertheless, they should be a priority objective in the scope of the development of the facilities in order to reduce treatment under provisory conditions to a minimum. The same applies to hygienic minimum standards. If surgeries can be held in a facility, this is preferable to stationing a treatment vehicle.
If appropriate premises are not yet available but in **planning**, the medical specialists should be integrated in the planning from the start, if possible. The use of ambulance vehicles in combination with medical street work has proven to be a successful tool for reaching those potential patients that even make no use of the services of Wohnungslosenhilfe facilities.

- **Hours/surgery hours**

The surgery hours will be oriented on the opening hours of the respective Wohnungslosenhilfe facilities. In addition, the medical street work tries to adapt to the patients' way of life which often requires surgery hours outside of the regular working hours e.g. in the evening. Nighttimes and weekends should usually be covered by the emergency service of the state health care system ("kassenärztlicher Bereitschaftsdienst").

8. Criteria for an appropriate service standard

- Treatment according to medically accepted methods and guidelines
- Consideration of the requirements of patients in multiple problem situations
- Consideration of the patients' individual circumstances in treatment setting
- Continuous development of the measures according to the conclusions drawn through communication with the patients, documentation and communication with other specialists
- Networking with corresponding facilities for psychiatric and social care.

9. Quality development and assurance in health care for homeless persons

The prompt reflection on and evaluation of the work that was done and exchanges between experts serve to develop standards of medical care for homeless persons.
The most important means of quality development and assurance are the documentation of treatment contacts and treatment courses locally by the team as well as regional and transregional interdisciplinary exchange.
There is a need for representative prevalence studies regarding the diseases and the specific clinical characteristics of theses diseases of homeless men and women and further studies relating to these findings to ensure appropriate health care programs.
Cooperative further trainings for doctors, nurses and the qualified social staff should be developed and offered with the cooperation of experienced employees to ensure and - if necessary - heighten professional competence.
Public relations need to make sure that the support services are known and transparent to the potential users. Public relations contribute to create awareness for the problematic situation of homeless persons within the general population as well as in politics and administration services. Therefore, it is an indispensable contribution to securing the medical support projects.
Sufficient financial and personnel resources including the necessary material have to be provided to guarantee appropriate and continuous medical care.
For this purpose suitable strategies need to be determined that assure a comparable quality of medical aids and render the service providers independent from donations, subsidies and other comparable special allocations. At the same time these strategies also need to make the rendered services transparent for the cost carrier.

10. The situation of homeless men and women with mental problems - problem descriptions and calls for action from the point of view of the Wohnungslosenhilfe

As it is the case for ensuring general medical care, the care of homeless men and women with mental diseases or problematic behaviour also requires an interdisciplinary treatment team of nurses, doctors and qualified social education staff. Volunteers often support these teams.
In the following section we will try to describe the problem and analyse the current situation from the point of view of the different professions of the Wohnungslosenhilfe.
The employees of the Wohnungslosenhilfe are often the first and sometimes the only contact persons of mentally ill clients. They are faced with situations, questions and problem constella-

tions they have not been trained to handle or even solve during their training as qualified social workers.
In any case a medical specialist should be in charge of the diagnostic and therapy of mental diseases. Social workers have to deal with persons with diseases and manifestations of mental diseases that they can at best help to relieve/soothe for a short period of time. They have to deal with people that neglect their personal hygiene to an extreme extent due to their illness and/or who have a disastrous general state of health – often without acknowledging their illnesses.
As a survival strategy these clients with mental diseases or problematic behaviour often succeed in focusing the efforts of a lot of support workers on their person and use their support intensively regarding certain points (social work Wohnungslosenhilfe and hospitals, emergency services, emergency medical care, police, public health agency, custody authority) but they are not or hardly able to accept longer-term, coordinated support services.
For this reason, social work with the clients that is oriented on their needs and the available resources is limited. As a result the support service process is often ended by the homeless persons themselves but also by the social worker. The social education staffs know this problem but it is often not possible to access the necessary expert knowledge of other professions.
Networking, cooperation and an interdisciplinary approach are necessary to enable the Wohnungslosenhilfe social workers in cooperation with the homeless person to secure his or her long-term material subsistence and create and maintain humane living conditions.
If the task of interdisciplinary teams of doctors, nurses and social workers of providing medical care to homeless patients regarding somatic diseases is often difficult and lengthy, the confrontation with mentally ill homeless persons is a real challenge.
General practitioners urgently need to establish a long-term cooperation with out-patient and in-patient psychiatric departments. Also in view of the possible simultaneous existence of grave somatic illnesses that need to be treated, the following expectations with regard to psychiatric departments are specified:

- Unambiguous and well-founded diagnosis
- Initiation and execution of appropriate treatment with drugs or psychotherapy taking into account the patient's homelessness
- Maintaining contact with patient to verify success of treatment
- Intensive exchange with the treating physician
- In case of acute psychiatric clinical characteristics crisis intervention also in the scope of patient visits by doctors
- If necessary admittance to psychiatric special clinics
- Before discharge of patients from hospital establish contact with the general practitioner who continues the treatment and provide out-patient psychiatric treatment

To first establish contact with homeless men or women with mental illnesses or problematic behaviour visits of the patients are indispensable.
For the patients who often live in accommodation and in-patient facilities an environment has to be created that is adapted to the conditions and illnesses of the patient. Delusional disorders, irritating behaviour and often-negligent personal hygiene also make the possibility of accommodation in single rooms necessary. In this way, conflicts with other inhabitants that might aggravate the condition or drive away other inhabitants can be avoided.
To protect women from attacks it is important that separate facilities for men and women exist. If men and women are accommodated in the same facility, certain minimum standards concerning the personnel and the rooms have to be met to respect and ensure the need for safety and autonomy of the concerned women.
A nurse with knowledge in psychiatric nursing should take care of the mentally ill persons. Primary nursing services serve to built up trust and demand the return of normality. This includes:

- Motivation and counselling regarding a regular and healthy diet (point out the meals that are on offer)
- Assistance with personal hygiene (accordingly equipped sanitary facilities)
- Assistance with care of clothes (existence of a clothing store, a washing machine etc.)

- Assistance with room cleaning: regular change of sheets must be possible and often supervised, the cleaning of the room must be supervised or helped with; mattresses must be washable, disinfectants must be available.
- If necessary medication supervised by nurses
- To ensure the safety of the nursing staff the following prerequisites must be met:
- Knowledge about conditions (training offers and training obligations)
- Good employee structure (colleagues in proximity)
- Technical devices (alarm system)

In many facilities of the Wohnungslosenhilfe volunteer work is an important part of the employment concept. Without volunteers some of the facilities could hardly be run e.g. emergency accommodation, day centres, travellers aid offices or night cafés but including medical services as well. Also employed are conscientious objectors doing community service and the so-called other employees or assistants from the employment offices (unemployed persons whose unemployment benefit is supplemented by a wage of one Euro per hour – "ein-Euro-Jobber"). Normally those people do not have any qualification or training in the field to qualify them for the work and the contact with homeless persons with mental illnesses or problematic behaviour – except of their common sense and their own experiences in life.
Qualification and training regarding the contact with mentally ill persons should urgently be offered for volunteers and other employees. The basic fundamentals of the field should be imparted. In the scope of further trainings the following issues should be treated: learning of clinical characteristics, aids for handling persons with mental illnesses or problematic behaviour, information about the local or a close support system (addresses, telephone numbers, opening hours, emergency telephone numbers, contact persons), aids for handling acute pathological conditions like depressions, aggressiveness, violence and acute crises. Supervision as possibility to cope with own experiences and qualification and further training should become part of the work of volunteers and other employees as well.

11. Current situation and standard of the projects providing medical care for homeless men and women

- In Germany circa 50 projects for the medical care of homeless men and women exist. Approximately ten treatment buses are in operation in the country.
- These medical service providers treat ca. 17,000 homeless patients, which represents a significant portion of all single homeless persons.
- The portion of female patients treated in the scope of the projects is below average. Yet, the reason for this is unclear.
- Most of the treatments take place in the facilities of the Wohnungslosenhilfe, followed by treatments in own surgeries.
- Even before the German Healthcare Modernization Act (see above) came into effect, the percentage of homeless patients insured under the state insurance scheme was relatively high but even then a big part of the patients had to be treated without the costs being borne by the health insurance.
- Approximately 50 % of the projects work with salaried staff although the posts are not always full-time employments.
- The financing is fragile. Although only six of the projects are fixed term projects as many as seven projects are financed to more than 80% by donations. Yet, the financing by donations tends to be uncertain. The fragility of the financing is confirmed by the fact that 21 of 37 projects are financed to a significant extent by local and regional bodies. Since voluntary subsidies can nowadays quickly be challenged this state of affairs involves a considerable element of uncertainty, as well as the project financing of four projects.
- The medical care of homeless patients through low-threshold services is virtually only to be found in selected cities and not in medium- or small-sized towns, let alone in rural areas. Yet, the need for this service also exists there.

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