



## July 2019

Dear Readers,

We are pleased to share with you the latest edition of the FEANTSA Health & Homelessness newsletter, This is a publication that aims to bring you articles about cutting edge research into and resources to address the health issues of homeless people.

We would like to thank the authors for their valued contribution to this edition of the newsletter.

Please do not hesitate to send your comments, questions and contributions to [Dalma Fabian](#)

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## Article

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### **Quality of life related to health in homeless people users of hostels**

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Homelessness is a severe form of poverty and social exclusion that we find in our society. People who, for different reasons, do not have a house, have high levels of morbidity and mortality (Hubley, Russell, Palepu & Hwang, 2014). In addition to social deterioration, the health problems they present are both physical and mental (Fazel, Khosla, Doll & Geddes, 2008) and, this physical and mental health is worse in the homeless than in the general population (Beijer & Andréasson, 2009, 2010; Fazel et al., 2008; Sun, Irestig, Burström, Beijer & Burström, 2012). In recent years, recognition of the magnitude of the problem of the homeless has increased (Hubley, Russell, Palepu & Hwang, 2014), being estimates of homeless people of more than one

billion worldwide, more than one million in Europe and North America (Capdevila, 2005; Caton et al. 2005; Fazel et al, 2008) and between 25.000 and 30.000 in Spain (de España, 2015).

In recent years, the policies on homelessness are experiencing a strong impulse, placing homelessness on the European political agenda (de España, G., 2015). The National Comprehensive Strategy for Homeless People 2015-2020 (ENI-PSH) is the first strategy that is approved in Spain aiming at the creation of a comprehensive framework of action on homelessness. It stresses the need to improve knowledge about homeless people in our country because of the scarcity of existing data on this collective (de España, G., 2015). The need for greater attention to the psychological aspect homeless health, as well as the need to advance in the evaluation of the quality of life and vital project of this group has also been highlighted in the recent Plan of Inclusion of People Without Home of the Community of Madrid 2016-2021 (Comunidad de Madrid, 2016).

Subjective well-being has been defined as 'the cognitive and affective evaluations of a person about their life' (Diener, Lucas & Oishi, 2002, p 63). Satisfaction with life is "a global judgment that people make when they consider their life as a whole" (Diener, 1994, p.107). It is considered that satisfaction with life is a central construct of subjective well-being and one of the primary dimensions of the multidimensional construct of quality of life related to health (Naughton & Shumaker, 2003). Self-perceived health refers to the subjective measure of the perception of general health or of different dimensions of one's health. Self-rated health is a powerful predictor of mortality (Idler, Leventhal, McLaughlin & Leventhal, 2004). Self-perceived health status is another of the primary dimensions of the health-related quality of life construct (Naughton & Shumaker, 2003).

Satisfaction with life has been associated with factors such as dispositional aspects, adaptation, goals and coping strategies [see Diener et al., 1999 for a review]. In relation to self-perceived health, Diener et al. (1999) have indicated that subjective well-being is closely related to self-perceived health.

Research on subjective quality of life or quality of life related to health in the homeless is scarce (Hubley, Russell, Palepu & Hwang, 2014, Sun et al., 2012). The results obtained in the recent review of the literature on subjective quality of life in homeless people by Hubley et al. (2014), show that homeless people have perceptions of quality of life inferior to those of the general population and that the current knowledge of the relationships between subjective quality of life and other variables such as demographic variables or health variables is based on very limited information. The quality of life related to health is the comparison between our expectations and our health experience (Carr, Gibson & Robinson, 2001). Homeless people are a vulnerable group with extreme life circumstances that make us presume that age and health are variables that are related, and that older homeless people may have lower expectations and higher levels of life satisfaction than people who are homeless younger (LaGory, Fitzpatrick & Ritchey, 2001). The gender of the homeless is another of the variables of interest in the comparison between expectations and health experiences, having noted that homelessness is an experience fundamentally related to gender (Meanwell, 2012). Men who find themselves in a situation of homelessness can see a great difference between what was expected of them and what they have achieved, leading them to have less satisfaction with life than that of women living in homelessness (LaGory, Fitzpatrick & Ritchey, 2001). Authors such as Beijer & Andréasson (2009) have also highlighted that in homeless people there are also a series of diagnoses associated with gender that have to be taken into account in the planning of the provision of

services to the homeless.

The Theory of Self-determination (Ryan & Deci, 2000) can also be a relevant theoretical framework for the study of psychological well-being and the quality of life related to health in homeless people. According to this theory, three basic psychological needs contribute independently and must be satisfied for a continual experience of psychological well-being: the need for autonomy, to be competent and to relate. Paying attention to the role that the satisfaction of basic needs can have in the restoration of the life project for the homeless can help us to improve the knowledge of the homeless and advance in the development of evidence-based interventions.

To move things forward, we propose some priorities for further work in this area. We need to describe the quality of life related to the health of homeless people who use hostels analyzing the perception of the quality of life related to health in homeless people, as well as the relative importance given to different aspects in the assessment of quality of life related to health. We need to also analyze the relationships established between quality of life variables related to health in homeless people who use hostels, analyzing the mediating and moderating role of variables such as age, gender, chronicity of homelessness, health status, the presence of addictions, of dual pathology, the satisfaction of basic needs, the perception of health status and satisfaction with life in homeless people using shelters.

We need to address questions concerning the role of dimensions of health-related quality of life in homeless persons and the mediating mechanisms which may influence the health rated status and satisfaction with life. The subjective health-related quality of life of homeless persons may vary as a function of sociodemographic variables as age and gender. It is important, therefore to also consider the role of the primary dimensions as functioning, perceptions of health status, satisfaction of basic needs and satisfaction with life in the representation of the subjective and multidimensional construct health-related quality of life. Other additional factors than age and gender, used as covariates, need to be analysed to identify additional mediator or moderator variables of the dependent measures, especially for the satisfaction with life variable. Further study in homeless persons of the multidimensional construct health-related quality of life will help guide program developers to improve interventions that decrease self-reported symptoms as pain/discomfort or anxiety/depression with an increase of health status and self-assessed satisfaction with their life.

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## Resources

## Health supports needed for homeless persons transitioning from hospitals

Being homeless has a negative effect on health and the health needs of individuals experiencing homelessness are complex and challenging to address. As a result of limited access to and use of primary healthcare, the main point of entry into the healthcare system for individuals experiencing homelessness is often hospitals and emergency departments. Persons experiencing homelessness are commonly discharged from hospital settings to locations that do not support recovery or access to follow-up care (e.g. shelters or the street). This can be costly to both the healthcare system and to individuals' health and quality of life. This study conducted a scoping review of the literature published between 2007 and 2017 to identify the types of health supports needed for persons experiencing homelessness who are discharged from the hospital. Thirteen literature sources met inclusion criteria and thematic data analyses by two researchers resulted in the identification of six themes related to the types of health supports needed for persons experiencing homelessness who are transitioning (i.e. being discharged) from the hospital. Using a community consultation approach, the scoping review themes were validated with 23 health and shelter service providers and included in its integrated findings.

Themes included:

- (a) a respectful and understanding approach to care,
- (b) housing assessments,
- (c) communication/ coordination/navigation,
- (d) supports for after-care,
- (e) complex medical care and medication management,
- (f) basic needs and transportation.

These themes were found to resonate with participants of the community consultation workshop. Recommendations for trauma-informed care and patient- or client-centred care approaches are discussed.

You can access the article here: <https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.12599>

## Self-reported health, healthcare service use and health-related needs: A comparison of older and younger homeless people

The number of older homeless people with a limited life expectancy is increasing. European studies on their health-related characteristics are lacking. This study compared self-reported health, healthcare service use and health-related needs of older and younger homeless people in the Netherlands. It is part of a cohort study that followed 513 homeless people in the four major Dutch cities for a period of 2.5 years, starting from the moment they registered at the social relief system in 2011. Using cross-sectional data from 378 participants who completed 2.5-year follow-up, we analysed differences in self-reported health, healthcare service use, and health-related needs between homeless adults aged  $\geq 50$  years ( $N = 97$ ) and  $< 50$  years ( $N = 281$ ) by means of logistic regression. Results show that statistically significantly more older than younger homeless people reported cardiovascular diseases (23.7% versus 10.3%), visual problems (26.8% versus 14.6%), limited social support from family (33.0% versus 19.6%) and friends or acquaintances (27.8% versus 14.6%), and medical hospital care use in the past year (50.5% versus 34.5%). Older homeless people statistically significantly less often reported cannabis (12.4% versus 45.2%) and excessive alcohol (16.5% versus 27.0%) use in the past month and dental (20.6% versus 46.6%) and mental (16.5% versus 25.6%) healthcare use in the past year. In both age groups, few people reported unmet health-related needs.

In conclusion, compared to younger homeless adults, older homeless adults report fewer substance use problems, but a similar number of dental and mental problems, and more physical and social problems. The multiple health problems experienced by both age groups are not always expressed as needs or addressed by healthcare services. Older homeless people seem to use more medical hospital care and less non-acute, preventive healthcare than younger homeless people. This vulnerable group might benefit from shelter-based or community outreach programmes that proactively provide multidisciplinary healthcare services.

You can access the article here: <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12739>

### **Mental Ill Health in Homeless Women: A Review**

Research indicates that homeless women are reported to experience more mental health issues than women who are not homeless and are an increasing proportion of the overall homeless population. In addition, homeless women are more likely to have alcohol and/or other drug use disorders. We provide a comprehensive review of the contemporary literature that revealed homeless women experience a range of mental health problems including depression, anxiety, post-traumatic stress disorder and alcohol and other drug use disorders. Studies in this literature review indicate that some women have pre-existing mental health issues which precipitate homelessness while others develop mental illness because of their homelessness; domestic violence was also recognised as an antecedent to homelessness, although further research is needed in this area. The results of this study indicate that the homeless cohort is a complex one with distinct needs. The article provide information that can help refine assessment processes and plan appropriate services to address the mental health needs of homeless women. Finally, recommendations for mental health nursing practice in regard to caring for homeless women are made.

You can access the article here:

<https://www.tandfonline.com/doi/full/10.1080/01612840.2019.1565875>

### **Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners (January 2019)**

This 2019 revised version of the USPs – TB Resource aims to continue to improve understanding of the health needs of under-served populations (USPs) with TB, to provide a resource to help tackle TB in this group, and to support the design and delivery of multi-agency programmes and services to better meet the needs of the under-served.

The resources has identified key activities which require ongoing partnership work at national and local level:

- improving communication both with people at risk of TB and those currently engaging with them to ensure information about symptom recognition, referral pathways and treatment
- improving engagement with vulnerable migrants
- improving access to primary care:
- improving opportunities to test for latent TB in a broader range of services including GP practices, community pharmacies, drug and alcohol treatment services, community settings working with vulnerable migrant groups, mental health services, prisons etc.
- improving outreach service to engage with vulnerable people who do not readily engage with

structured primary care or TB services, because of their circumstances, fears or barriers.  
- improving role of community pharmacies in engaging with USPs

You can access the resource here: <https://www.gov.uk/government/publications/tackling-tuberculosis-in-under-served-populations>

### **The prevalence of autistic traits in a homeless population**

Anecdotal evidence suggests that autistic people experience an elevated risk of homelessness, but systematic empirical research on this topic is lacking. As a step towards filling this gap in knowledge, we conducted a preliminary investigation of the prevalence of Diagnostic and Statistical Manual of Mental Disorders (5th ed.) autism symptoms in a group of long-term homeless people. The entire caseload ( N = 106) of a UK homeless outreach team was screened (excluding individuals born outside of the United Kingdom or Republic of Ireland) using an in-depth, semi-structured interview with keyworkers, based on Diagnostic and Statistical Manual of Mental Disorders (5th ed.) diagnostic criteria. This showed adequate inter-rater reliability, as well as evidence of criterion and construct validity. Of the sample, 13 people (12.3%, 95% confidence interval (7.0, 20.4)) screened positive, meeting Diagnostic and Statistical Manual of Mental Disorders (5th ed.) autism criteria by keyworker report. A further nine people (8.5%, 95% confidence interval (4.5, 15.3)) were 'marginal', having autistic traits that were not quite sufficient to meet Diagnostic and Statistical Manual of Mental Disorders (5th ed.) criteria. Those with elevated autistic traits, compared to those without, tended to be more socially isolated and less likely to use substances. This study has provided initial evidence that autistic traits are over-represented among homeless people and that autistic homeless people may show a distinct pattern of characteristics and needs. Further investigation is required to build upon these provisional findings.

You can access the article here: <https://www.ncbi.nlm.nih.gov/pubmed/29633853>



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*This publication has received financial support from the  
European Union Programme for Employment and Social Innovation "EaSi" (2014-2020)*



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