

# Compassion and effective care



Hospital emergency departments are not the best place for those facing homelessness, writes BROOKE EVANS-BUTLER

‘Homeless people are some of the most vulnerable and marginalised within our community.’

Amanda Stafford

‘Some of the key issues we see in terms of dealing with homelessness include a shortage of affordable housing options.’

Anne O'Sullivan

Emergency departments at public hospitals, already often stretched to the limit, are increasingly meeting homeless people presenting for help.

It's a delicate situation. Medical staff are dedicated to helping those in need, but an emergency medical department is simply not the best place to help — so what is the solution?

Amanda Stafford, clinical lead, Royal Perth Hospital Homeless Team, says generally, six or seven people of no fixed address present to the RPH emergency department each day, with most presenting with medical, substance abuse or psychiatric issues.

Dr Stafford says the ED is not the ideal place to solve someone's underlying issue of homelessness. "Rough sleepers have appalling health with an average life expectancy of around 45 years, and understandably often present to hospital EDs to deal with their health issues," she says.

"The problem is not with them coming to the ED, but that unless the underlying social issues (ie homelessness) are fixed, their health will not improve in any durable or meaningful way.

"Homeless people are some of the most vulnerable and marginalised within our community, and often experience high rates of chronic health conditions, complicated co-morbidities and reduced life expectancy," she adds. "There is no question of trying to stop the homeless population from coming to EDs — they're not a nuisance. We need to be able to help deal with the underlying problem of homelessness. Overall, this is a community problem but given homeless patients present to hospital often, it's a good place to find them and start the process of linking them with appropriate support networks to improve their health and wellbeing."

### Responding to improve outcomes

Dr Stafford says the RPH Homeless Team is bringing the specialist homeless medicine GP practice, Homeless Healthcare, into the emergency department and wards of RPH to see all the homeless patients they can find and provide the medical input needed for their ongoing care. "We also have a Ruah Community Services senior caseworker in the team who works with the patient to find options for accommodation and support services," she says. "The program has seen some really positive outcomes in helping to connect homeless people with support services in the community, and was also recently announced as a finalist in the WA Health Excellence Awards."

Anne O'Sullivan, clinical lead for the Emergency Psychiatry Team at Sir Charles Gairdner Hospital and Fellow of the Royal Australian and New Zealand College of Psychiatrists, says at SCGH there is a dedicated EMT that

works alongside the ED staff, which is a necessity given the large volume of patients who present to the ED with acute mental health issues.

“We also work closely with our social work team in the ED to provide care for patients who may be homeless, and they will try to refer the patient to agencies that may assist with finding accommodation,” she says.

Dr O’Sullivan says not all people who present to EDs with an acute mental health issue require long-term hospitalisation, but they do require ongoing treatment and support. She says at times some may require a crisis admission to their short-stay psychiatric unit, (mental health observation area), which is separate to the ED.

Dr O’Sullivan says currently there are limited services available for people who are homeless, especially in an emergency situation. “It can be very difficult to access emergency crisis accommodation quickly, especially from the ED,” she says. “We’ve often had to admit people that cannot be safely discharged as they have nowhere to go, such as patients with a disability.”

She suggests there is a need to look towards what works in other cities within Australia, as well as around the world to help improve the healthcare and safety of people who are homeless. “For example, additional specialised units such as a mobile clinical outreach team (MCOT) would allow more consistent mental health treatment and linkages into longer term supportive services,” she says.

‘Initiatives such as Street Doctor and MCOT are fantastic as they provide ongoing health care and case management for many people through Perth and the Fremantle area. Continuing this model and expanding these services would be invaluable. A central CBD bulk-billing health service that is available to homeless people who can access GPs, social work plus mental health services would also be ideal, and offer an alternative to EDs,’ she adds.

“A 24/7 drop-in centre for homeless people would offer a place of safety and support as an alternative to EDs.”