Homelessness And Health

Prisoner Health

"While there is a lower class, I am in it, while there is a criminal element, I am of it, and while there is a soul in prison, I am not free."

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Abstract

Background

There is a great need for support, care and services amongst homeless communities on a local, international and global scale. They are a highly vulnerable group, stigmatised by society, facing difficult battles each and everyday. With an increased morbidity and mortality surrounding issues of mental health, drugs and alcohol they are consistently let down; unsupported and lacking the healthcare that they are entitled to.

Aims

Firstly to assess the areas of St Helens and Liverpool and the services they provide for the homeless. Secondly, to the look at the effects homelessness and imprisonment have on a person's mental, physical and social well being and the support currently available for these groups of people. Lastly, to assess the current system of rehabilitation and reintegration for offenders serving sentences in prison.

Method

Visits were carried out to a range of services to learn about the support currently provided for the homeless community in the North West; combined with a week's experience in Altcourse prison. A literature search was also carried out using databases such as MEDLINE and EMBASE; as well as internet searches to find key statistics.

Results

With former prisoners accounting for 50% of people attending services for the homeless, high rates of re-offending and the prison population reaching up to 85,706 there is a drastic need for change[1, 7]. Prisons are evidently not a therapeutic way of preventing crime and there is a clear lack of support both in prison and when preparing prisoners to reintegrate into society. A good support system could not only help reduce a large number of people from being alone and on the streets, but also have a positive effect on crime rates.

Conclusion

Society as a whole needs to recognise and acknowledge the needs of the homeless and develop a strong support system, particularly for offenders (a large proportion of the homeless) so that we can break the cycle of homelessness and crime. Communication and consistency between service providers is difficult, but absolutely essential in providing effective support and resolving some of the main problems homeless people face.

Contents

Learning Objectives

As set by Dr O'Neill:

- To understand the causes and consequences of homelessness, and to be up to date with the current literature in this area.
- To learn about the main clinical problems of the homeless, particularly, substance misuse (alcohol, drugs, tobacco), mental health (depression, personality disorder, PTSD, psychosis), and hepatitis C.
- To explore the best ways to provide NHS and other services for the homeless, in a sustainable fashion.

Core Learning Objectives

1. Service learning visits (SLV's)
2. Case histories
3. Journal club presentation

Acknowledgements

Firstly I would like to thank each person who took time to share their personal story with me, an enlightening experience. I would also like to thank Dr O'Neill for organising this insightful special study module (SSM) and Siobhan Harkin for all her administrative work, particularly for organising visits to the prison, which has been a unique experience. I would also like to thank Dr Jean Sutton for all her time and guidance and for her inspiring dedication to the homeless in St. Helens. Thanks also to Sure Start, The 103 Centre in St. Helens, The Sisters of Charity and the BEDI basement drop in centre for the good work they do and for sharing information about their services with us. Finally, a special thank you to all the staff at HMP Altcourse particularly Pauline Scott, for making us feel so welcome and giving us the chance to experience every aspect of the prison, an eye opening experience.

Introduction

This SSM aims to outline some of the key issues affecting homeless people in Liverpool and the UK. With former prisoners accounting for 50% of people attending services for the homeless[1] and the topic being such a vast subject area there will be a particular focus on prison health and the homeless. It aims to highlight what services are available to people in prison, and identify any possible improvements.

Homeless patients are impacted socially, mentally and physically by their circumstances, leading them to be both complex and one of the most vulnerable groups in society. Yet there are many barriers denying them access to the healthcare that they deserve. Tudor hart addresses this inequality with the inverse care law, stating that 'good medical care is available but varies inversely with need in the population that it serves.'[2] The homeless have an expressed need particularly surrounding issues of mental health, drug and alcohol dependence, and these needs are seen to be reflected in prison communities.[3] The inverse care law addresses the issue of access to healthcare services as Hart points out that people with the greatest needs do not use services as frequently or efficiently as other groups in the population.[2]

Beauchamp and Childress outline the four main principles in medical ethics[4]:

- **Respect for patient Autonomy –** Allowing patients to make informed decisions, free from influence, even if the clinician does not believe them to be in the best interest of the patient e.g. Abstinence from drugs or alcohol.
- **Beneficence –** Aiming to do what's best for the patient, usually linked with respecting the patients autonomy, but difficult in this subject area as a patient cannot be forced to do something, even if it would be in their best interests.
- **Non- maleficence –** refraining from harm, this needs to be balanced with the benefits of an intervention to asses overall what's best for the patient.
- **Justice –** Striving to try and distribute resources fairly and ensure patients in similar situations have access to the same healthcare.

Unfortunately, the homeless fall into a category of patients that are consistently let down by the health care system, particularly regarding justice. Although they have a right to health care regardless of their circumstances, they remain a population stigmatised, misunderstood and isolated by society.

There are many presumptions made about people who are homeless, particularly those who have been in prison, and previous to this SSM I also held distorted and judgemental views. One of the most important things I have learnt is that circumstances can easily spiral out of control and that it can happen to anyone. People who are homeless or in prison are part of a vulnerable community and do not need to be judged by the medical profession. We have responsibility to give the highest standard of care to all patients, especially to those in need. The GMC outlines the duties of a doctor (see appendix one), stating that we should strive to 'protect and promote the health of patients and the public', treating each person individually and with respect. It emphasises how doctors need to work together with patients, without discrimination, to try and meet their needs and achieve the best care possible. One of the most important but basic points the GMC makes, so easily overlooked by professionals, is that we have a duty to 'listen to patients and respond to their concerns and preferences.' [27]

A report from the home office in 2001 found that a third of people going into prison had no permanent accommodation and 1 in 20 prisoners claimed to be sleeping rough immediately prior to imprisonment.[5] Additionally, another third actually lose their homes whilst in prison. These issues compromise a large barrier to healthcare for these people and so it is no surprise that homeless ex-prisoners are up to twice as likely to re-offend.[6] With the UK prison population hitting a record of 85,706 in April this year it is clear prison is not serving its purpose to rehabilitate[7]. It also emphasises that the primary care of the homeless has some impact on crime, not just in the UK, but worldwide. With a poor welfare state it is astounding to discover that the United States held 23.4% of the world's prison population in 2008.[8]

Word count - 586

Definitions

Health (World Health Organisation) - Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[9]

Human Rights - Any basic right or freedom that all human beings are entitled to, for example the right to life and liberty, freedom of thought and expression, equality etc.[10]

Health Inequalities - Differences in health status or in the distribution of health determinants between different population groups, for example significant health inequality can be seen between the general public and homeless/prison populations in many aspects, particularly life expectancy.[9]

Poverty – **Absolute poverty** is having an insufficient amount of money resulting in a lack of basic human needs i.e. clean water, nutrition, health care, education, clothing and shelter. **Relative poverty** is an income which is less than 60% of the national average (excluding the wealthiest members of society). By this definition one in five of the UK population can be defined as in poverty.[11]

Homelessness – The 1996 Housing Act gives the legal definition of homelessness for England and Wales. It states a person is homeless if[12]:

- There is no accommodation that they are entitled to occupy; or
- They have accommodation but it is not reasonable for them to continue to occupy this accommodation

Although generally accepted this definition is very vague and impersonal, ignoring some potential circumstances in which a person could be considered vulnerable. Nat Wright describes homelessness as a complex concept, and includes the roofless, people in hostels, prisons, immigrants, victims of natural disaster, those in temporary accommodation or accommodation that's inadequate, overcrowded and/or substandard.[3]

Rough sleepers – An incredibly high risk group with no shelter or place to sleep but outside on the streets.

Substance Misuse - overindulgence or dependence of a drug or other chemical leading to detrimental effects to the individual's physical and mental health, or the welfare of others.[13]

Harm Reduction – Services, programmes ad policies aiming to reduce the health, social and economic impact of the use of drugs to individuals, community and society as a whole (UK Harm Reduction Alliance).[14]

Post Traumatic Stress Disorder (PTSD) – Psychological trauma following overwhelming or frightening experiences (e.g. abuse) leading to severe anxiety with symptoms including nightmares, avoidance, hyper vigilance and depression.

Depression – A mental disorder with symptoms involving low mood, loss of interest or pleasure, low self-worth, disturbed sleep, low energy, and poor concentration. A common problem that can be chronic and impair individuals in carrying out menial everyday taks.[9]

Drug related death- Underlying cause of death relates to poisoning; drug abuse/dependence or any of the substances controlled under the Misuse of Drug Act (1971).[11]

Suicide – A deliberate act of self destruction (includes attempted suicide and self harm) Suicide Act 1961, it is not a criminal offence in the UK, but any form of assistance is illegal[15].

Domestic violence –Defined by the government as any form of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between family members or sexual partners, regardless of gender or sexuality.[16]

Street worker – Any individual who makes money by working on the street; for example selling sex and drugs, or begging.

Word count - 1076

The Homeless: Key Statistics

As discussed previously, homelessness is a complex issue to define, therefore to estimate the numbers of people affected by it in the UK is also difficult. According to the governments rough sleeping count for March 2010 there are 3 homeless people sleeping on the streets of Liverpool.[17]

Despite the Medias portrayal that the numbers of homeless people are decreasing, the Basement drop-in service in Liverpool city centre frequently has to turn people away, as they can only have up to 25 people at a time. Additionally the Sisters of Charity, also in Liverpool, provides meals for at least 30 people each night, with a large demand on their overnight accommodation service for 15.

Therefore an official figure of 3 is not even touching the surface of the issue. The Guardian had a recent article in which the housing minister, Grant Shapps states that the number of homeless is highly underestimated. He goes on to describe how people sitting up in the street in a sleeping bag cannot be counted[18], and Dr O'Neill shared with us that street counts are:

- conducted quite early at night, in well known areas
- a person cannot be counted if they any form of shelter (even a doorway) or
- if they are awake

Previously only 70 councils across the UK were highlighted to have a problem (i.e. more than 10 rough sleepers), so they had to do regular counts. After including 256 other councils, the national average of rough sleepers reached 1,247 as an additional 807 were identified. This highlights the governments need to do more regular counts and construct more effective guidelines[18].

However, these figures are still only the tip of iceberg when taking into account the 'hidden homeless'. The Chief Executive of Shelter defines homelessness as a much broader issue, and estimates that 51,000 people are currently in unstable, temporary accommodation. He suggests the government needs to invest more money so that access to affordable housing is available[19]. Although, the government needs to obtain a realistic idea of the number of people being affected by homelessness in the UK before this can take place.

The UK Asylum Process

The Refugee Council helps to outline some key problems with the asylum process:[20]

Asylum seekers are a very vulnerable group of people who live in fear of being deported at any time. The application process to seek asylum takes at least six months. It is inevitable that asylum seekers are at high risk of being homeless, particularly as they do not have any form of support (family/friends) and often face language barriers, but finding statistics for these numbers is very difficult. Seeking a place of safety from their country of origin, many of them live in poverty, experiencing very poor health and therefore placing demand on services provided for the homeless. The refugee council states that an

- immigration officer can detain an asylum seeker at any point, even if no crime has been committed. Asylum seekers are not allowed to work, and are not eligible for public funds and so are forced to live on as little as £5 a day. Additionally they cannot chose where they live, the NASSS (National Asylum Seeker Support Service) accommodates them, isolating them even more from anything familiar. Contrary to popular belief the accommodation provided is a very poor standard and is generally entirely unsuitable. It is difficult to get asylum in the UK, many are refused and even when granted it is usually only for 5 years, making it almost impossible for them to settle and make future plans. The media contributes hugely to the nations prejudice and stigma towards asylum seekers. All they are seeking is safety and freedom, and granting them that saves lives.

Case Histories

I had the privilege of talking to many people throughout this SSM, who willingly shared their stories, giving me the best insight into how difficult life on the streets can be. Here are just two of them:

Case One

Miss A had a difficult upbringing. Her father left her and her sister in the care of her mother at the age of 3, after which point they witnessed her being a victim of domestic violence. With 'a hate for the world' Miss A rebelled, making little effort in school and becoming addicted to heroin by the age of 15. After meeting 'the love her life' at the age of 18 she had two children, both whilst still on heroin. She described the grip that the drugs had on her life as 'destructive and unstoppable', stating nothing was more important than her next fix, not even her children. Her partner dying in her arms at the age of 36 due to the influence of alcohol and drugs pushed Miss A over the edge. She became severely depressed and unable to look after her children who went into care. She was left with nothing. Pregnant and homeless finding the 103 centre in St. Helens brought some light to Miss A's situation. Unfortunately Miss A had to serve a prison sentence shortly after this, giving birth to her son chained to a bed. She describes this as the worst experience of her life. Separated from her son since birth, she is at peace that he has a family that loves him.

On release Miss A returned to the 103 centre for support and heard about a local church. One Sunday she decided to attend, and heard testimonies of people with previous situations very similar to hers. It was then that she knew things had to change. She gave her life to God, knowing it was only He that could fill the gap she had so desperately been trying to fill. Miss A successfully went into rehabilitation and to this day relies on her faith day after day to stay clean. God has 'saved her life and changed her heart'. On release, she got her first job, and has recently been able to move back to the area where her first two children are in the care of Miss A's mother and she can have contact with them once more. She describes taking her eldest son to school that day as the best feeling in the world. Miss A, a joyful young women, bursting with faith and a new confidence, hopes to restore a relationship with her two eldest children, continue to seek God, and be an example to those around her.

Case Two

Mr B, a 23 year old young man has been homeless for four weeks, after recently serving three years in prison for arson. After a troubled upbringing, influenced by drugs from the age of 12 and no interest in school, Mr B then lost his mother at the age of 19. He became homeless after selling the house to fuel his addiction to heroin. He now sleeps on the streets, when not on the sofa of a man he described to be 'a drinker and not a good sort'. He has no family now, after losing his brother in a family argument, and feels he has nowhere to turn. The 103 centre has been fantastic support for Mr B; he has a real passion for music which he claims has developed from a young age. He also has a book full of heart felt raps, one titled 'I'm not in it for myself' about wanting to chase his dream of making music. He describes rapping as the sole thing that keeps him going, and helps him to believe there are better things for him out there. He aspires to get into a hostel, go back to college and study, and hopes the 103 centre can help him fulfil these aspirations. Mr B shared with me some of his experience in jail and when comparing it to the streets says that he regularly debates whether to re-offend, so he can be safe with a roof over his head, and what he feels, a deserving chance at the education he wants.

Word count - 1479

Homelessness and Health: Key Issues

The UK's average life expectancy stands at 80 years, and when compared to the average life expectancy of a rough sleeper at 40.2, the stark difference between the level of healthcare received is undeniable.[19] Knowing some of the reasons why people become homeless is helpful in understanding the health problems that they face. Nat Wright outlines a few reasons in his article "How can health services effectively meet the needs of homeless people?" Here are just a few examples of the problems that can lead to homelessness[3]:

- Drug or alcohol misuse	- Lack of qualifications
- Physical sexual abuse	- Unemployment
- Contact with criminal justice system	- Debt
- Lack of social support network	- Mental health problems
- Death of a parent/institutionalisation	- Relationship breakdown

In his book Nat Wright outlines in detail some of the key clinical problems the homeless present with besides alcohol and drug dependence syndromes. The table below gives a brief outline, some of which was seen in Dr Sutton's homelessness clinic in St. Helens. [21]:

Mental Health	Depression, schizophrenia, Suicide, anxiety states, personality disorders.
Physical Trauma	Injury, dental caries, foot trauma (inappropriate shoes, lack of hygiene)
Adverse affects of illicit drugs (heroin, cocaine)	Respiratory coma, 'crack lung', cardiomyopathy, liver cirrhosis, peripheral neuropathy
Complications of injection illicit drugs	Blood borne virus infections, skin pathogens (cellulitis, DVT's), tetanus
Physical Trauma	Injury, toothy decay, foot trauma
Infection	Heptatitis (A,B,C), HIV, skin infections, fungal infections
Inflammatory skin conditions	Erythromelalgia, pediculosis, pruritis
Skin infestations	Body louse, scabies
Respiratory Illness	Pneumonia, influenza, tuberculosis

Nat Wright goes onto to explain the need to develop specialist primary care services and encourage joint working in the community between multi-disciplinary teams to promote the health of the homeless in the future.[21]

Prisoner Health

HMP Altcourse is a Category B prison in the top ten of the most overcrowded prisons in the UK. Built for approximately 740 it currently holds around 1500 prisoners who are either sentenced or on remand.[24] It is predicted that the prison population in the UK will reach 95,800 by 2015, despite the fact that crime rates have reduced by 32% since 1997.[22]

The report by the social exclusions unit 2002 shows that general health of people in prison, is worse than the general population regarding issues such as long standing illness, disability, smoking, hepatitis and HIV.[23] As seen with the homeless the main health issues affecting prisoners are mental health, alcohol and drug dependence[3]:

Mental Health

At HMP Altcourse there is a team dedicated to mental health. People recognised by this team receive cognitive behavioural therapy (CBT) and counselling, and what they describe to be a high level of support.

The Bromley Report states: [24]

5% of men and 2% of women in the general population suffer two or more mental disorders, comparing to 72% of male and 70% of female sentenced prisoners.

Taking this shocking statistic into account, staff shared with me that only 90 of the prisoners at Altcourse were receiving counselling for severe mental health problems, a trend amongst all prisons. In 2006 in the UK, only 725 mental health treatment requirements were met out of a total of 203,323. [23] One mental health nurse described the demand on their services, explaining that only extreme cases are highlighted, many go unnoticed, and that there is a lack of assessment. It would appear there are simply too many prisoners. If each prisoner received adequate psychiatric support and assessment and any problems were treated, it could have a large impact on re-offending.

However there are many prisoners on short sentences, making it difficult to set up the services to help support them effectively. It is predicted that up to 40 million pounds and 2,000 prison places a year could be saved if some people experiencing mental health problems served community service as opposed to locking them away for short sentences.[24]

Suicide statistics alone emphasise the need for more support. Men recently released from prison were eight times more likely than the general population to commit suicide.[24] In the segregation unit in HMP Altcourse men are held in solitary confinement for 23 hours a day, here I witnessed one young man attempt suicide in a desperate cry for help. One in five suicides takes place in prison healthcare or segregation units. [24]

Alcohol – Dr Raj Avula explained how HMP Altcourse had no specific detoxification regime for people dependant on alcohol, and that this is not unusual amongst prisons. With the misuse of alcohol alone costing £18–20 billion per year in social and economic costs,[25] and abstinence being potentially harmful, he thought it would be wise to put a system in place to try and counsel people about their drinking.

Drugs – HMP Altcourse gives methadone to patients who want it. It is given in a very strict, controlled manner. The nurses described how patients must drink it with water to prevent them throwing it back up and selling it on the wings. This was shocking, but even more surprising is how much control they have over their methadone dosage. Once stable they can stay on that dose for as long as they like with little to no encouragement to decrease it. This seems absurd due to the fact drug-addicted ex-prisoners are likely to commit five times as many offences.[23] There is the risk with abstinence of people dying if they then take drugs on the outside, but whilst in prison, many of the staff agree detoxification would be more beneficial and that just keeping them on methadone is not the answer, neither is it cost effective. Providing counselling for those on methadone could prove incredibly beneficial for those that want to change, however due to overcrowding of prisons staff simply do not have the time. This is also the reason why subutex (a treatment with many potential benefits) is not used.

Drugs cause so many problems both in and outside of prison, and new strategies need to be put in place to reduce supply to prisoners. Prisoners at HMP Altcourse openly stated it was easy to access drugs inside. Perhaps if there was more support for people on these drugs to help create stability it would have a knock on effect on the number of people being homeless.

Prison serves as a form of punishment; but it seems pointless without rehabilitation. In one admissions clinic at HMP Altcourse after just half an hour, seven of the nine patients were returning after only a short period on the outside.

Some shocking statistics[24]:

- Half of all prisoners do not have the skills required by 96% of jobs and only 1 in 5 is able to complete a job application form.
- 49% of prisoners with mental health problems had no fixed address on leaving prison.
- Stable accommodation can reduce reoffending by over 20%

Support for the staff working in the prison must also be taken into consideration; many of the staff at HMP Altcourse are not permanent or committed to the prison long term and described their loss of compassion for the people inside. They are also at high risk of assault; one man had to go to Aintree accident and emergency after being hit by a prisoner.

As it stands, prison is not therapeutic; it produces emotional withdrawal, lack of respect for authority, a university for crime, a reduced sense of guilt and helpless attitudes. There is a clear cycle of drugs, homelessness and crime influenced by many risk factors[6].

What is needed?

- **Discharge needs to be a process. Not a tick box procedure.** Not having a place to go on release causes problems accessing education, health care and employment, all significantly affecting the chance of re-offending.
- **The current British prison system is consistently failing people**. A good support system is needed particularly when it comes to treating problems such as mental health, alcohol and drug dependence.
- **Support and advice**. People need help to create stability on release. This would involve appropriate education, re-building relationships with family etc. Despite the crucial role that employment has in reducing re-offending, few prisoners receive help and advice on finding a job or training on release.
- **Prevent overcrowding**. This has a direct influence on effective rehabilitation. More community service for those serving short sentences may be more beneficial.
- **Communication between services.** Dual diagnosis needs to be taken into account; in order to tackle problems effectively there needs to be consistency between prison and the outside.

The Norwegian justice system strongly encourages reintegration and rehabilitation, far from the current British 'throw away the key' attitude. Halden Prison in Norway has a small population (252), housed in modern accommodation prior to release where inmates are encouraged to learn the value of citizenship before returning to society. The staff are committed to the inmates and they believe in humane treatment and equality. With high quality facilities, inmates work purposefully in the day and share kitchens and cook for themselves in the evenings.[26] This creates an independent and functional community amongst the inmates and leads to increased opportunities and a lower rate of reoffending.

Unfortunately the majority of these suggestions involve large sums of money, staff and time, but if it succeeded in giving the inmates an increased chance at effective reintegration, it could not only prevent homelessness and save millions of pounds in the long run, but also impact the lives of many.

Word count - 2667

Method of Search

The most useful resource was the first hand experience of people living in these situations, and the stories that they willingly shared.

Articles and information around the topic of homelessness were found by doing the literature review in a number of databases including, EMBASE, MEDLINE, BNI and Scopus using the following method:

- Log onto http://www.library.nhs.uk/ (The national library for health)
- Using Athens, log in and select "healthcare databases advanced search"
- Select a database e.g. Medline
- Enter a key term e.g. "homelessness" Click on map thesaurus to expand the term to get a more effective search.
- Click search after selecting, explode and major descriptor,
- This search found 4104 articles. Repeat this for other key terms, using quotation marks for any specific phrases
- Combine searches found by ticking the boxes beside searches for "homelessness" and "prison health", selecting "AND" and then clicking "combine selected searches"
- This search gives all the articles relating to homelessness and prison health
- This can be repeated until there are a small number of specific articles
- The titles of relevant articles can be viewed by clicking on the number of articles available
- Click on the title to view the abstract of the article.

In addition to personal experience and the articles from the search, service learning visits were carried out to a number of services involved in helping the homeless in Liverpool. A week was also spent in HMP Altcourse, to gain an insight into how prisons serve as a punishment and rehabilitation facility for crime. Finally, internet search engines such as Google were used to search for key statistics, definitions and current information on homelessness.

Literature Review

Article[3]: *A review of Nat Wright and Charlotte Tompkins article on "How can health services effectively meet the needs of the homeless people?"* **BJGP 2006**

Aims and Methods

The article was analysing a range of literature relating to the health care of homeless people and discussing the effectiveness of current treatment interventions in place. Grey literature and internet searches were used to collect information as well as searching a good range of databases (Medline, EMBASE etc) with key terms Homelessness 'and' intervention studies 'and' [drug misuse or alcohol misuse or mental health].

Results

- There is a paucity of good quality qualitative literature in this area
- The homeless suffer a much greater risk of morbidity and mortality than that of the general population with a significantly lower life expectancy.
- Immunisation, needle exchange/safe injecting, podiatry interventions, washing facilities as well as advice and support are vital for this group of people, particularly in relation to substance misuse, alcohol, mental health.

Strengths

- The article is relatively recent and comprehensively sates the key issues affecting the homeless.
- There is an international evidence base, providing a good range of information

Weaknesses

- Cannot make suggestions or outline the key issues relevant to the UK
- No MeSH terms were used in the search method
- Mentions mental health as an important factor but suggests no interventions for how health services should be dealing with this important issue
- Due to the heterogeneity of the subject area asylum seekers were excluded from the study, a population at high risk of homelessness and associated health problems.

Conclusion

- People who are in prison or homeless have much worse health than that of the general population.

- Even though the UK compares well with other health systems, there are still large barriers such as stigma preventing access to primary care, with a high rate of relapse into homelessness and associated problems such as crime.

- With a large emphasis on ‘duel diagnosis’, it is clear that to focus on one problem is not the solution. Providing a strong support network for people would require mental health, drug, alcohol and social services to work together effectively to tackle issues of homelessness and crime.

- The government’s underestimation of the extent and impact of homelessness is a large barrier in addressing some of these issues. Adequate funding, people and time are necessary to meet the demands of this vulnerable group of people.

Recommendations

There are many changes that could be made locally and nationally that would positively impact the issue of homelessness:

Liverpool:

- HMP Altcourse needs more people on the mental health and support teams for prisoners, even if voluntary, so that a one to one level of counselling can be achieved.
- There is a need for more housing that provides a safe place for the homeless and people coming out of prison that they can go to instead of the streets.
- Places that currently support the homeless like the basement need larger buildings, still central in location so that they can expand their services and supply demand.

UK:

- There is a need to increase awareness amongst medical professionals about the homeless, to promote equality, reduce prejudice and increase commitment to improving primary care services for this vulnerable group.
- Perhaps like Norway, the British prison system needs to actively encourage rehabilitation. This would require a strong support network and a more thorough discharge process to try and ensure opportunities for stability on release and thus giving people a chance at breaking the cycle of crime.
- The government needs to change the criteria for rough sleeper counts and obtain a realistic picture of homelessness in the UK. Not excluding asylum seekers and people in prison, this could lead to effective planning in to how to best meet their needs.

Word count - 3292

Limitations

- There is not much available research about homelessness particularly that which is relevant to the UK. It would appear it is a rather grey area and more research in this area could be highly beneficial.
- If there was more time, I would have liked to have visited a probation office to see the support and services they can provide to people coming out of prison.
- I thoroughly enjoyed the two weeks of placement with this SSM, although time consuming, it was a fantastic opportunity to really experience firsthand some of the key issues surrounding homelessness. With it being such a vast subject, time given for the write up and the word count were somewhat limiting.

Areas for further study

- Prison health and homelessness are two large topics that I felt were covered only very superficially by this SSM, if I had the opportunity to study further I think I would concentrate on just one of the topics in more detail.

- As for another area of study within homelessness, in the future it would be interesting to cover another topic concerning the homeless, like for example alcohol, or IV drug use.

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Appendix One: Duties of a Doctor[27]

The duties of a doctor registered with the General Medical Council:

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care:
  - *Keep your professional knowledge and skills up to date*
  - *Recognise and work within the limits of your competence*
  - *Work with colleagues in the ways that best serve patients' interests*
- Treat patients as individuals and respect their dignity:
  - *Treat patients politely and considerately*
  - *Respect patients' right to confidentiality*
- Work in partnership with patients:
  - *Listen to patients and respond to their concerns and preferences*
  - *Give patients the information they want or need in a way they can understand*
  - *Respect patients' right to reach decisions with you about their treatment and care*
  - *Support patients in caring for themselves to improve and maintain their health*
- Be honest and open and act with integrity:
  - *Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk*
  - *Never discriminate unfairly against patients or colleagues*
  - *Never abuse your patients' trust in you or the public's trust in the profession.*

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Appendix Two: Reflection

This SSM has been an incredibly valuable learning experience. It has encouraged me to recognise and think about the homeless, to see them as vulnerable yet valuable members of society. It has been interesting to learn about the strengths of the health care system and the range of services available. Even more so I have recognised the barriers and gaps in the health care system leaving people most vulnerable at risk and consistently let down by society. It has given me a real compassion for the homeless as well as people in prison and it has been inspiring to see the good work that people like Dr Sutton are doing. I found this SSM fascinating and hope to study it further in the future. With regards to my Christian faith it has challenged me to think about how as a church we can impact people on the streets by doing the smallest of things to make a huge difference.

Appendix Three: Timetable

Date	Activity
Tuesday 31st August	**Chester** - Met with Dr O'Neill in Chester for a briefing and to organise groups. Then visited a sure start centre and a local housing agency
Wednesday 1st September	**St. Helens** – Visited the "103" centre. Met with Dr. Sutton and sat in on her homeless drop in clinic.
Thursday 2nd September	Visited the **FADE Library** and learnt how to carry out an effective literature search and structure a literature review.
Friday 3rd September	**Liverpool** - Visited the Basement and learnt about the services they provide. Followed by a visit to the Sisters of Charity to see what they do for the homeless and help serve dinner.
Monday 6th September	**HMP Altcourse** Prison 9:00pm – GP clinic, tour of site, mental health team review of care
Tuesday 7th September	**HMP Altcourse** 14:00pm methadone clinic. Substance misuse/new admissions clinic 6:30pm
Wednesday 8th September	**HMP Altcourse** 7:00am ward round, discharge clinic, code one. 12:30pm Dr Sutton's practice in St. Helen's
Thursday 9th September	**HMP Altcourse** 9:00am, venepuncture, segregation ward round, history taking
Friday 10th September	**HMP Altcourse** 9:00am, GP clinic, admissions, tour of leisure activities/work projects on site.
Monday 13th September	Research and working on PowerPoint presentations
Tuesday 14th September	**Croxteth** - 13:00pm Dr O'neill Journal Club PowerPoint Presentation.
Wednesday 15th September	**St Helens** – Review with Dr Sutton and PowerPoint presentations
16th - 23rd September	Writing up of SSM
Friday 24th September	Checking grammar, spelling, and punctuation. Hand in SSM to medical school office by 4.00pm

Appendix Four: Journal Club Presentation

Homelessness and Health

A review of Nat Wright and Charlotte Tompkins article on "How can health services effectively meet the needs of homeless people" BJGP 2006

Joanna Smith and Rebekah Thorne

3rd Year Medical Students

Liverpool University

Aims and Methods

Analysis of the literature relating to the health care of homeless people and discuss effectiveness of the treatment interventions

- Range of databases (Medline EMBASE, PsycINFO, CINAHL, Web of Science, Cochrane Library)
- Key Terms - Homelessness 'and' intervention studies 'and' [drug misuse or alcohol misuse or mental health]
- Search not limited to the UK, grey literature used

Findings

- Paucity of good quality qualitative literature
- Risk of morbidity and mortality (44.5 vs 77.4) greatly increased
- Importance of immunisation, needle exchange, advice and support particularly in relation to substance misuse, alcohol, mental health

Strengths:

- International evidence base
- Comprehensively states issues affecting the homeless

Limitations:

- Need to know true extent of the problem – relevance to UK?
- Fuzzy definitions of homelessness
- Mentions mental health as an important factor, no intervention for it.
- Heterogenous subject area, asylum excluded.

How does this relate to prison health?

- For offenders: Help on the discharge as opposed to just those under mental health team. Having an address does not equal stability
- Alcohol/drug abuse, mental health – methadone, Subutex, Librium
- Community support following sentence

Conclusions

- Access to primary care needs to increase
- Stigma must continually be battled with
- UK compares well to other health systems, but there is a high rate of relapse into homelessness and associated problems
- Stronger support networks needed – funding?

THE END

Appendix Five: PowerPoint Presentation on time in prison

A Week Behind Bars

HMP Altcourse

Joanna Smith and Rebekah Thorne

3rd Year Medical Students

University of Liverpool

What we expected

- Intimidating, depressing, unsafe, chaotic environment

Opportunities available to prisoners:

- Vocational Training e.g. brick laying
- Education
- Jobs
- Exercise
- Level system
- Socialising within prison

What We Did

- Observed GP Clinics
- Methadone round
- Ward round – mental health, medication
- Segregation ward round
- Venepuncture and hep B vaccination
- Admissions clinic
- Discharge clinic
- Code 1 emergency with first response team

Points Highlighted

- Healthcare workers take unforgiving stance towards prisoners
- Necessary as very persuasive
- However, everyone deserves to be treated as an individual, they have already been judged.

Why do people constantly re-offend?

- Lack of communication and support between prison and primary care
- Drug circulation and networking within prisons
- Lack of support/counselling within the prison
- No fresh start, tick box system

What can be done about it?

Personal Reflection

- Extremely valuable experience
- Hard to put the experience into words
- Challenging and eye opening

The End

Appendix Six: HMP

Altcourse

This is a fantastic opportunity to experience health care in a unique setting. The staff are incredibly friendly and helpful. A highly recommended placement.

HMP Altcourse
Brookfield Drive
Fazakerly
Liverpool
L9 7WU

Points of contact:

- **Siobhan Harkin**: SSM Administrator, Healthy Inclusion T: 0151 355 4008
- **Pauline Scott:** Head of healthcare at HMP Altcourse T: 0151 522 2056
- **Dr Raj Avula:** A general practitioner at HMP Altcourse T: 0151 522 2056

10 Recommended Experiences:

1. Sit in the clinics with the GP – See a wide range of clinical presentations and patients.
2. Discharge clinic – particularly important to link in with homeless and health and the lack of support available for offenders when reintegrating into society.
3. Admissions – Process of assessing medical needs of each admission.
4. Tour of the prison – different wings, vocational learning, workshops, library, education, gym, chapel, security, segregation, visiting centre, in-reach.
5. Nurse ward round at 7:00am to give out medications
6. Spend some time with the first response team going to various emergencies on site.
7. Mental health team – one to one assessments, weekly review of patients.
8. Take histories from the patients staying on the healthcare ward within the prison.
9. Attend a ward round in segregation.
10. Practice clinical skills – Plenty of opportunity to practice venepuncture/hep B injections/examinations etc.

Appendix Seven – Websites

A few of the websites I found most useful:

1. Crisis website for homeless statistics: http://www.crisis.org.uk/
2. Prison Reform Trust, The Bromley Report: http://www.prisonreformtrust.org.uk/uploads/documents/june2009factfile.pdf
3. Breaking the Circle. A Report of the Review of the Rehabilitation of Offenders Act: http://forum.unlock.org.uk/attach.aspx?a=17
4. Communities and Local Government. Rough Sleeper Count 2010: http://www.communities.gov.uk/publications/corporate/statistics/roughsleepingcount2010

I also found websites for newspapers, such as the Guardian and the Independent very useful for up to date information and statistics.

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