Feature

Housing crisis, part 1: on the streets

For more on **UK homeless data** see https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02007

On London's Oxford Street, the UK's homelessness crisis is very visible. Among bustling commuters and shoppers, men and women shelter in doorways, under bridges, and outside shops, bundled in sleeping bags and coats. It is summer, so the weather is relatively mild. But as the nights grow colder, winter sharpens inequality, and no group is more vulnerable to freezing weather than people sleeping on the streets.

Colin was living in private rented accommodation when he lost his job at a manufacturing centre in the UK. No longer able to pay his rent, he ended up losing his apartment and staying on a friend's sofa while applying for jobs. Eventually, the friendship broke down and he began sleeping on the streets. He was spotted by a member of the public who called StreetLink, the UK's national helpline for people sleeping on the streets, and an outreach team found him without any kind of shelter. He had developed depression and started to have suicidal thoughts, and although he had gone to a hospital accident and emergency department, he was not offered immediate care, but was told to make an appointment with a doctor. It wasn't until he was supported by the homelessness charity St Mungo's that he was able to get accommodation and treatment.

Homelessness and mental health

With the UK experiencing rising levels of homelessness, Colin is one of many who have fallen on hard times and ended up living on the streets. According to official figures, there were 4677 people recorded as sleeping rough in England in 2018. Although this represents a fall of 2% from 2017, it marks a staggering increase of 165% since 2010. There are clear parallels in the USA. 552 830 people were experiencing homelessness on a single night in 2018, according to the United States Department of Housing and Urban Development's annual Point-in-Time Count. These figures are probably only the tip of the iceberg, campaigners say, with actual numbers most likely much higher.

Homeless Link, a UK homelessness charity, highlights that 45% of people experiencing homelessness have been diagnosed with a mental health problem—double that of the general population. Four of five people said that they had an issue with their mental health while they have been homeless. Rick Henderson, chief executive of the UK-based charity, says: "In particular, the rates of depression among people who are homeless is substantially higher and experience of psychosis is up to 15 times as high. People

who are homeless are nine times more likely to take their own lives."

"We are not building enough genuinely affordable homes, and recent changes to our benefits system, which is meant to be there to support people when they're going through hard times, mean that people often don't have enough money to cover the cost of life's necessities, while also being able to pay their rent and stay out of debt", he explains.

These structural issues are compounded by personal factors, with people who end up homeless or sleeping rough more likely to have experienced childhood trauma, violence, or abuse. Many women who are homeless have fled abuse or violence at home. For those already experiencing financial hardship and increasing private rents, the breakdown of a relationship, a bereavement, or losing a job can be the final straw.

Street psychiatry

For many people sleeping on the streets, accessing health care is difficult. Sometimes, people might only come into contact with services when they are in a crisis—when they are suicidal, self-harming, or experiencing psychosis—which is far too late. Things that many of us take for granted, for example, being able to drive to a doctor's appointment, become challenging for someone without money or resources. It is not easy to pick up a prescription if you have no fixed address.

Dr Ana Turner, an assistant Professor at the University of Florida College of Medicine and a community psychiatrist, explains that people living on the street might not have a working phone or calendar to keep track of the date or time, which can make it difficult to stick to appointments. "For many typical providers, they work on a busy schedule and can't be flexible and so a lot of it is a lack of access or difficulty accessing for various reasons", she says.

One potential answer to the problem is so-called street psychiatry, a concept that brings treatment directly to those sleeping rough. It is rare though, Turner says, because "the majority of people who go into psychiatry like having a nine to five office job." Working on the HOPE medical outreach programme at the Sulzbacher Centre in Jacksonville, Florida, Turner heads out to people sleeping on the street to assess their needs and, if possible, deliver treatment. Crucially, care is delivered in the patient's own environment, whether that is in an alleyway or under a bridge. "It involves going out to the people, where they are", she explains. "We have two case managers who go out every day on the HOPE team and they try to orient people to the Sulzbacher service to come into our clinic and get a hot meal, and then if they identify someone who possibly has a mental health issue, then they say 'let's bring Dr Turner in' and I go with them."

"As a psychiatrist, I'm able to provide counselling as well as psychiatric medications, including long-acting injectable medications that are given once a month so that a patient

Ana Turner

doesn't have to remember to take a pill each day", Turner says. She also provides basic medical care when needed, such as antibiotics for a skin infection. "One of our case managers is also an [emergency medical technician] so he is able to draw blood work or administer injections", she adds.

When treating people on the street, a relationship between the physician and patient is usually built over numerous meetings, which are often informal. "Our HOPE team has a white van that goes out, and they're just passing out sandwiches—they're harmless", Turner says. "And so now if I go in the van, I am just OK by association. Sometimes, you can build trust in an indirect way." One of the main benefits of delivering care on the street is that it lowers boundaries for homeless people with mental health problems. "If my clinic is backed up, it's hard for someone who is acutely psychotic to wait or sit in a small area full of other people. It gives people a little more control, which is what makes them feel more comfortable", she adds. "If they don't want to talk to me, then I don't talk to them. The ball is in their court."

However, like all programmes, street psychiatry comes with challenges. Informed consent around treatment is key, and caution must be taken when providing medicines, particularly those that might leave someone more vulnerable while on the street. "We definitely have to be careful with sedation, along with medications that could cause medical problems if the patient gets dehydrated, especially in the Florida heat", Turner says. It can also be difficult to keep track of people so the team can continue delivering treatment to them when they move around. "The follow-up is the hardest—we work really hard to keep finding people", Turner says. "We look for a period of several months but then we eventually find them again. There are always challenges you have to predict and plan for. Safety can be a concern, so we go out in groups. But I have never felt like I am in an unsafe environment, because it is voluntary—if they don't want to do it, we don't do it."

Although the concept of street psychiatry is in its infancy, it is growing. An organisation called the Street Medicine

Institute now operates programmes across 15 countries, delivering psychiatric care alongside general health care for homeless populations. Community psychiatrists—as part of Street Medicine teams—visit people where they live to provide diagnostic assessments and deliver treatment. Importantly, however, the Street Medicine Institute recognises that health care delivered on the street is not adequate primary care by itself. Rather, as the organisation itself highlights, it is "best viewed as a form of intermediate home care" and efforts "should be made to identify and refer patients to a comprehensive, longitudinal primary care relationship." That being said, it is still an effective way to support homeless people.

"I have had several cases of people living on the streets for years, and with regular and persistent outreach from our team [they] have been able to come to our shelter for showers, meals, and, over time, case management, and medical and psychiatric care that have helped them obtain and remain in housing", Turner says. Interventions like these are essential and long overdue to provide support for people living on the streets. But the fact remains that unless we address the underlying issues with housing, poverty, and access to mental health care, the problem will continue to grow.

Lydia Smith