Facilitators to Improve Service Provision for Homeless People with Dementia

Vandana Bhagat

University of Tasmania, Australia

Abstract:

Introduction:

Homelessness and cognitive impairments, including dementia, have a strong connection (1-7). Cognitive impairment is significantly higher among homeless population and is generally acquired rather than developmental (8, 9). Individuals experiencing homelessness are at risk of developing dementia because of several factors such as unhealthy diet, smoking, excessive alcohol consumption, lack of secure accommodation and depression (10). At the same time, people with cognitive impairment are at risk of homelessness due to social isolation, poor coordination of support network, and a high level of stigmatisation both within the service system and society (7, 11). Due to complex physical and mental health needs, and challenging behaviour of the homeless population, service providers require a specialised approach in engaging with the homeless community (12).

Discussion:

It is necessary to bring awareness and educate staff of homeless organisations about dementia via various means of education like e-learning, workshops, or in-house training to reach most of the target population (7, 13-15). Collaborative learning between homelessness sector staff, and staff in dementia, health, and age care sector has the potential in better understanding of complex service and care needs of people with dementia(7).

Use of an intrusive approach, showing respect to homeless people and ensuring regular contact is necessary to work with this client group. Continuity and consistency of meetings are essential to building a trustworthy relationship (2). .

To overcome service barriers, it is desirable that homeless organisations' staff help homeless people to attain health insurance and assist with admission procedures with health sectors (1). Working collaboratively with Primary Health Network to help people in homeless organisations to get register on e-health will make it easier to coordinate services for them.

Concerning the complex physical and mental health needs of homeless people, there is a great need for the collaboration of psychological, social welfare and homeless services to make sure needs get addressed (2, 7, 14, 15). Creating opportunities for the service providers from the different organisation where referrals, care coordination and other issues can be discussed would ensure the sustainability of the collaborations (14, 16). For the funding environment whereby sources of funding come from different levels of government, there is a robust need for clear communication and cooperation between various services to ensure the range of social and health needs are met with available funds (14, 16).

There should be flexible delivery of dementia care service to reach a range of settings such as rough sleepers or homeless shelters which would help in identify and assessing the dementia care needs of homeless people at an early stage (17). Many homeless people, especially rough sleepers, usually not seek support until their health is critical or require urgent or emergency care that necessities the need for outreach programs(7). Also, many homeless health outreach teams work during nights, so flexible hours of work could assist outreach workers when they need it most (18).

There is a great need to develop a specific cognitive assessment tool for homeless people. The cognitive impairment symptoms are often getting confused with stress-related and, drug and alcohol-related symptoms among homeless people which hinder the timely access to dementia care services when they need it most(7). Appropriate assessment tools could help in the early assessment of dementia care need (15).

It has been identified that due to the specific requirements and preferences around language, literacy levels, specially tailored resources and promotional materials will work well to target individuals who are homeless or at risk of homelessness. On-going research

On-going research is essential to recognise the specific needs and challenges faced by homeless people with dementia. Use of existing data and create new data collection tools to demonstrate need and, improve the evidence base for policy solutions (11).

This could include developing the tracking protocols to collect unit-level data on client outcomes after discharge. This could also include the incorporation of identification of homelessness status into clinical assessment and data entry processes on presentation to health facilities or homeless support organisations (18).

Regularly monitoring and evaluation of dementia support services' outcomes such as improvement in cognitive function among service users, service satisfaction, and the number of people who leave the service without completing treatment could support persistent improvements in care (11).
.

Conclusion: There is a necessity to reinforce relationships between support services for dementia and homelessness to facilitate appropriate, clear and timely referrals for homeless people suspected with dementia. Moreover, flexible delivery and more funding from the government for support workers could be very beneficial for the delivery of effective dementia support services for homeless people. Regular contact is also essential for a built, trustworthy relationship with homeless people. Homelessness organisations need to pay attention that while dealing with everyday issues like housing, food, clothing and employment for homeless people, they should not underestimate the timely assessment of suspected cognitive impairment including dementia..

References:

1. Busch-Geertsema V, Edgar W, O'Sullivan E, Pleace N, editors. Homelessness and homeless policies in Europe: Lessons from research2010.
2. Canavan R, Barry MM, Matanov A, Barros H, Gabor E, Greacen T, et al. Service provision and barriers to care for homeless people with mental health problems across 14 European capital cities. BMC Health Services Research. 2012; 12(1):222.
3. Lester H, Bradley CP. Barriers to Primary Healthcare for the Homeless: The General Practitioner's Perspective. European Journal of General Practice. 2001;7(1):6-12.
4. Fazel S, Khosla V, Doll H, Geddes J. The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. PLoS Med. 2008;5(12):e225.
5. Bhui K, Shanahan L, Harding G. Homelessness and mental illness: a literature review and a qualitative study of perceptions of the adequacy of care. Int J Soc Psychiatry. 2006;52(2):152-65.
6. Chenco C. Homelessness and Dementia in Australia: A Literature Review [Available from: https://homelesshub.ca/sites/default/files/Dementia_and_Homelessness_literature_review.pdf.
7. Australia As. Homelessness and Dementia. 2016
8. Pluck G, Nakakarumai M, Sato Y. Homelessness and cognitive impairment: An exploratory study in Tokyo, Japan. East Asian Archives of Psychiatry. 2015; 25(3):122-7.
9. Buhrich N, Hodder T, Teesson M. Prevalence of cognitive impairment among homeless people in inner Sydney. Psychiatric Services. 2000; 51(4):520-1.
10. Rota-Bartelink A. Premature Ageing and Homelessness. Parity. 2011; 24(5):37.
11. Costello L TM, Jones K,. Mental Health and Homelessness 2013 [Available from: https://nswmentalhealthcommission.com.au/sites/default/files/assets/File/Final%20Report%20-%20AHURI%20-%20Mental%20Health%20and%20Homelessness.pdf]
12. Rota-Bartelink A, Lipmann B. Causes of homelessness among older people in Melbourne, Australia. Aust N Z J Public Health. 2007;31(3):252-8.
13. NHS Confederation. Mental health and homelessness Planning and delivering mental health services for homeless people 2012 [Available from: https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/mental_health_homelessness.pdf]

14. Henderson J, Crotty MM, Fuller J, Martinez L. Meeting unmet needs? The role of a rural mental health service for older people. Advances in Mental Health. 2014; 12(3):182-91.
15. Beard. OR61-Homelessness, brain health and dementia. Parity. 2014; 27(8)
16. Crotty MM, Henderson J, Martinez L, Fuller JD. Barriers to collaboration in mental health services for older people: external agency views. Australian journal of primary health. 2014; 20(3):250-6
17. Amore K, Howden-Chapman P. Mental health and homelessness. International Encyclopedia of Housing and Home. 2012:268-73
18. Costello L, Thomson M, Jones K. Mental Health and Homelessness. 2013. [Available from: https://nswmentalhealthcommission.com.au/sites/default/files/assets/File/Final%20Report%20-%20AHURI%20-%20Mental%20Health%20and%20Homelessness.pdf]