

Dublin Simon Community Health Audit

The Complexities of Homelessness



**Snap Shot Research Period:
October 27th – November 2nd 2009**

Health Audit

Dublin Simon Community 2009

1. INTRODUCTION

The Dublin Simon Community Health Audit took place during a one week period from Tuesday October 27th to Monday November 2nd 2009. During this one week period the survey was conducted with representative sample of people using Dublin Simon services to provide a snapshot picture of the presenting needs and issues Dublin Simon Community work with on a daily basis. The information gathered builds up a picture of the complex nature of both homelessness and the physical/mental health needs of those experiencing homelessness. Specifically it looks at the physical health issues, diagnosed and undiagnosed; mental health issues, diagnosed and undiagnosed; and drug and alcohol use¹ of those using Dublin Simon services over this one week period.

Dublin Simon Community provide services throughout the stages of homelessness. These include the Rough Sleeper Team and Soup Run who work on the streets 365 days of the year; our Emergency shelters, two of which are night only shelters and one that has 24/7 access; four Supported housing units which cater for high support and low support needs; treatment services consisting of detox, rehab and aftercare; a Resettlement team that works to secure permanent accommodation for people; and the Dublin City Tenancy Sustainment who aim to prevent homelessness before it occurs. Throughout these services Dublin Simon work with over 2,000 people every year. The demographics and numbers using all services over this one week period is broken down in the sections below while there is an overall summary of findings in the final conclusion.

1.1 Homelessness, the Challenges

Homelessness is generally perceived as a state where one is without a home. However the complexities of homelessness, particularly health wise, cannot be underestimated. This audit, while limited beyond the scope of examining the particulars, highlights to a serious extent these complexities.

There are many causes and consequences of homelessness and similarly there is no one solution. Every case is individual and what may work for one person may be completely inappropriate for the next. Crucial to addressing homelessness is quality accommodation, however, just as important are the appropriate supports necessary to combat the vicious cycle of homelessness. Complex needs associated with homelessness such as mental

¹ Dublin Simon Community consider alcohol as a drug as it is classed in the National Drugs Strategy. In this survey alcohol is separated from drugs for clarity purposes.

health, physical health, addictions, education and life skills are all factors and must be addressed with the appropriate supports and care. This audit highlights particularly the complexities regarding mental health, physical health and considers their association with homelessness, poverty and alcohol and substance use.

2. THE AUDIT

The health audit was carried out over a one week period from Tuesday October 27th to Monday November 2nd. Overall 340 surveys were completed, 40 of which were duplicates². For the purpose of garnering a reflective picture of the people Dublin Simon works with, as opposed to cases, the results are based on the 300 people using one or more services rather than the 340 surveys completed.

Naturally a survey of this nature has boundaries. For many of the people surveyed, not all the information was known. That which was available at the time was included³. Information that was omitted does not reflect in the overall results⁴.

The findings of this survey highlight high levels of complex health needs, both physical and mental, experienced by people using Dublin Simon services while also examining the extent of drug and alcohol use. The overall findings reflect on the complexities of homelessness - it really is not just about being without a home.

3. OVERALL FINDINGS

3.1 Demographics

During this week the sample of 340 people using Dublin Simon services was taken, 40 of which used more than one service⁵. The figures of those using each service category and specific service is broken down throughout the service sections below.

Of these 79% (*n.* 236) were male and 89% (*n.* 265) of people were Irish. The next highest nationality was from the UK with 4% (*n.* 12) while Eastern and Central European countries were also represented with 3% and 2% respectively coming from these regions. The main age group of people using services is the 26 – 35 year age group however there is little

² In other words, 40 people accessed more than one Dublin Simon service over that week period.

³ An example of this would be a rough sleeper new to the service so the information filled out would be that which is known to the team rather than a thorough questioning of the individual.

⁴ All information gaps omitted from the final tallies so results are based solely on the information available. This provides a more realistic reflection of the overall picture.

difference in numbers falling into the 36 – 45 year age group. The latter represents 28% (*n.* 82) and the former 29% (*n.* 86). This average varies greatly throughout services.

The numbers on social welfare allowance are also high which emphasises the state of poverty of people using Dublin Simon services. Similarly to social welfare, the number of people with a medical card is high at 78% (*n.* 204) reported as availing of the medical card⁶.

The length of time people using Dublin Simon services have experienced homelessness varies greatly, and is particularly evident in the service category breakdowns below. Overall the majority of people using services have been homeless for over five years. This category is largely catered for among the supported housing services as documented below and consists of 38% (*n.* 96) of service users. After this 22% (*n.* 56) have been homeless between one and three years and those experiencing homelessness between three and five years make up 16% (*n.* 41). Those who have been homeless for less than a year make up 24% (*n.* 61). Broken down further this shows that over a one week period Dublin Simon Community worked with 23 people who had been homeless for less than three months; seven people who had been homeless between three and six months; and 31 people who had been homeless for between 6 - 12 months.

3.2 Overall Physical and Mental Health Issues

These results vary throughout the service categories with some displaying higher levels of diagnosed conditions, both mental and physical health related, and also varying levels of symptoms indicative of such conditions.

The extent of both physical and mental health issues as experienced by people using Dublin Simon Services over this week period is both extensive and complex. Overall, 61% (*n.* 184) surveyed had one or more diagnosed physical health conditions. Of these 17% (*n.* 51) had two diagnosed physical health conditions and 12% (*n.* 37) had three or more diagnosed conditions. The main conditions experienced by service users over this week period were Hepatitis B and/or C at 23% (*n.* 70), Liver Conditions at 18% (*n.* 54) and Respiratory conditions at 12% (*n.* 35).

A further 34% (*n.* 101) of people presented that week with one or more undiagnosed physical health conditions. The most common were superficial injuries such as bruising etc., and long-term physical impairments which would suggest former undiagnosed conditions which have led to a long-term disability.

⁶ Maximum weekly income limit of €184 gross per week for a single person living alone - Citizens Information

Diagnosed mental health issues during the one week period also proved to be extensive with 40% (*n.* 117) presenting with one or more diagnosed mental health conditions or associated disorders. The most common amongst those is depression with 23% (*n.* 68) of services users diagnosed, followed by anxiety and schizophrenia, which make up 14% (*n.* 41) and 12% (*n.* 37) respectively.

26% (*n.* 77) of people using Dublin Simon services over this one week period had both a diagnosed mental and physical condition.

Observations made of peoples behaviour that could indicate undiagnosed mental health conditions and associated disorders such as agitated, challenging behaviour, mood swings and depressive tendencies were also prevalent with 42% (*n.* 125) of people showing signs that would suggest possible undiagnosed mental health conditions.

A high percentage, 55% (*n.* 121), of people are availing of disability allowance. This confirms the complex health needs showing that over half the people accessing Dublin Simon services are registered as disabled.

3.3 Overall Alcohol and Drug Use

This survey also looked at the frequency and use of alcohol and other substances during the one week period. The incidence of using one or multiple alcohol/substances was frequent throughout the group.

Of those completing the survey 66% (*n.* 189) are consumers of alcohol, 43% (*n.* 124) of which would classify as regular or frequent consumers. Beer is by far the main alcohol type taken throughout services with 52% of drinkers classifying it as their alcoholic beverage. Spirits and cider also rank moderately at 27% (*n.* 60) and 15% (*n.* 33) respectively.

Drug use is also extensive throughout services, with 56% (*n.*167) using one or more types of drug. The most common drug in use is heroin with 36% (*n.* 108) of respondents citing it as their main drug. Amounts and frequency levels vary greatly. Methadone and benzodiazepines (benzos) is also widely used, both prescribed and non-prescribed. Cannabis is also widely taken throughout services. Of those using substances, 29% (*n.* 85) use two or more on a regular basis.

Overall 35%, i.e. over 100 people in the one week period, use a combination of both drugs and alcohol on a regular basis. The extensive use of alcohol and substance abuse has both

cause and consequence connotations in relation to the numerous physical and mental health implications stated previously.

4. FRONTLINE SERVICES

Dublin Simon Community frontline services included in this survey consist of the Rough Sleeper Team (RST), Soup Run and our three emergency shelters – Dun Laoghaire Rathdown (DLRD), Island House and Harcourt Street⁷. Between these five services 183 people were surveyed over the week period. This was made up of 11 from DLRD, 22 from Island House, 35 from Harcourt St., 105 from the RST and 10 from the Soup Run⁸.

4.1 Demographics

Overall, 80% were male and 20% female. The majority, 86%, (*n. 134*) were Irish - this is a lower percentage of Irish than when services are calculated as a whole which would show that the majority of non-Irish nationals seeking homeless services are at the front end.

The main age group of people, 42% (*n. 64*) using Dublin Simon frontline services over this week were aged between 26 – 35 while 14% (*n. 21*) were under the age of 25, and 27% (*n. 41*) between the ages of 36 and 45. It is noticeable that frontline services have a younger age profile than any other services. Those accessing frontline services varied in their length of time homeless. 34% (*n. 50*) were less than one year homeless⁹, 25% (*n. 36*) between 1 – 3 years homeless, 15% (*n. 22*) between 3 – 5 years and 26% (*n. 38*) between 5 – 10 years homeless.

4.2 Physical Health and Mental Health

Of those using frontline services over this one week period 52% (*n. 81*) presented with a diagnosed physical health condition. 22% (*n. 34*) of these had two or more diagnosed conditions. The main condition presenting was Hepatitis B and/or C at 31% (*n. 48*) while liver conditions and respiratory were also common place, 14% (*n. 22*) and 12% (*n. 19*) respectively.

Mental health conditions were also evident though at much lower extent to that of other services, with 22% (*n. 34*) presenting with one or more diagnosed mental health

⁷ Our Social Club, which is held three times a week, for people using and those not using Simon services is not covered in the survey.

⁸ Of this 183 people, 27 accessed two frontline services during this one week period therefore the results are based on the 156 surveys as opposed to 183.

⁹ 18 people were less than three months homeless, six people were between 3 - 6 months homeless, and 26 people were between 6 - 12 months homeless.

condition. Of these, depression was by far the most common with 15% of those diagnosed with a mental health condition experiencing depression.

Of those diagnosed with mental and physical health conditions, 13% (*n.* 21) experience both¹⁰.

Observations made that would suggest undiagnosed physical and mental health conditions highlight that a further 37% (*n.* 57) of people using frontline services show signs of an undiagnosed physical health condition, most notably superficial injuries or long-term physical impairments.

A further 34% (*n.* 53) show signs of undiagnosed mental health conditions or associated disorders, mostly along the lines of agitated and challenging behaviour.

Of these 17% (*n.* 27) display signs of having both an undiagnosed physical and undiagnosed mental health conditions.

4.3 Alcohol and Drug Use

Over this one week period 69% (*n.* 100) of people in the sample accessing frontline services use alcohol, with 33% (*n.* 48) of these reported as being frequent consumers. Drug use is more prominent among this group with a much higher rate of drug use than the overall figure. In these services, 74% (*n.* 115) of people are reported as using while 38% (*n.* 60) used two or more different drugs.

The most prevalent drug is heroin with 61% (*n.* 95) of users taking this drug with the majority using IV as their method for taking. There may be a link here to the most prevalent physical health condition among this group which is Hepatitis (B and/or C).

Overall 47% of people using frontline services over this week period used both alcohol and drugs.

5. HOUSING SERVICES

Dublin Simon Community Housing Services consist of two high support services on Sean Mac Dermott Street and North Circular Road, a low support project on Canal Road and Dorset Street. During the week period of this survey, 80 people staying in the above residences were surveyed. Broken down this is made up of 22 from Canal Road, 19 from NCR, 20 from Sean Mac and 19 from Dorset Street.

¹⁰ This 13% of people have been diagnosed with one or more physical health condition plus one or more mental health condition or associated disorder.

5.1 Demographics

Overall 74% are male and 26% female, while 97% of those staying in the housing services are Irish. The majority age group is the 46 – 55 year old age group and 66% have been homeless for between 5 – 10 years. This demographic can be described as male, Irish, over 46 years of age and long-term homeless.

Of those completing the survey, 90% were medical card holders and 75% were availing of disability allowance.

5.2 Physical and Mental Health

Of those staying in Dublin Simon housing services, 69% (*n. 55*) had a diagnosed physical health condition. Interestingly 11% of those with a diagnosed health condition suffer from four or more health conditions. This particularly highlights the multiple health needs of those who have experienced homelessness for an extended period of time. The four most common conditions are liver related, hepatitis B and/or C, high blood pressure and respiratory related.

Mental health conditions and associated disorders also proved extensive in housing services with 64% (*n. 51*) having a diagnosed mental health condition. This is a much higher average than overall services, again highlighting the complex needs of those experiencing extended periods of homelessness. Of these diagnosed depression is the most common with 33% (*n. 26*) experiencing depression. Schizophrenia is the second most common conditions with 28% (*n. 22*) of people experiencing it, while 20% (*n. 16*) suffer from diagnosed anxiety. 33% (*n. 26*) of those with diagnosed mental health conditions have two or more conditions. The number with both a mental health and a physical health condition is also high, at 44% (*n. 35*) of those diagnosed.

The number of people showing symptoms that would indicate possible mental health conditions is also considerably high with 45% (*n. 36*) of people in housing services displaying behaviour associated with mental health conditions or associated disorders. A further 44% (*n. 34*) of people display symptoms of an undiagnosed physical health condition with signs of long-term physical impairment being the most common.

5.3 Alcohol and Drug Use

Alcohol intake is greater in housing services than frontline services with an overall 74% (*n. 59*) of people taking alcohol, 58% of which are regular or frequent consumers. Drug use is remarkably lower in housing services than frontline services with 35% (*n. 28*) of residents using drugs. Of these heroin is the most widespread while methadone and benzos are also

used but the majority are on a prescribed basis. Just under 25% (*n.* 19) of people are both drug and alcohol users.

6. TREATMENT SERVICES

Dublin Simon Community Treatment Services consist of a 21 day residential detoxification programme (medical), a three month residential rehabilitation programme and an aftercare programme that provides addiction support and aftercare accommodation for those completing the rehabilitation programme. During this one week period 28 people used Dublin Simon Treatment services – 10 in detox, 10 in rehab and 8 in aftercare.

The majority were male and Irish, 89% (*n.* 25) and 82% (*n.* 23) respectively. The 18% (*n.* 18) non-Irish nationals were all from the UK. The average age group of those using treatment services was 46 – 55 years during this one week period. Everyone using the services over this week was a medical card holder and 82% were also in receipt of social welfare allowance. 70% (*n.* 16) of those using these services have been homeless for three years or more.

6.1 Physical and Mental Health Conditions

A huge number, 93% (*n.* 26), of those accessing these services have a diagnosed physical health condition. Of these the majority suffer from liver related conditions while over half, 53% (*n.* 15), suffer with more than one diagnosed physical health condition.

Mental health conditions were also prevalent among users of the treatment services during this week with 57% (*n.* 16) being diagnosed with a mental health condition or associated disorder. Both depression and anxiety were the most common.

Those presenting with both a diagnosed mental health and diagnosed physical health condition was just under half, at 46%.

Undiagnosed physical and mental health conditions are also common with 46% of people showing signs of an undiagnosed physical condition. An exceptional high number of those using treatment services during this one week period, 86% (*n.* 24), display symptoms of an undiagnosed mental health condition or associated disorder while 43% (*n.* 12) showed signs of 2 or more such conditions. Depression and mood swings are the most widespread.

6.2 Alcohol and Drug Use

Due to the nature of these services over this one week period, residents were not using alcohol or drugs over the period¹¹. Those using methadone or benzos while in treatment services were using on a prescribed basis.

7. SETTLEMENT SERVICES

Dublin Simon Community has two settlement services, both with different objectives. The Dublin City Tenancy Sustainment Service (DCTS) work to prevent people becoming homeless in the first place, linking people in with relevant resources to maintain their homes. The Dublin Simon Resettlement service helps assist those who have recently lost their home or are moving out of homelessness to find a home of their own. During this one week period, these services worked with 49 people, 33 from DCTS and 16 from Resettlement.

Of those using the services, 20% (*n. 20*) are female and 85% (*n. 41*) are Irish. The majority (35%) are aged between 36 – 45 years of age while a substantial number (33%) are aged between 46 – 55. Of those linking in with these services over the week period 94% (*n. 46*) are medical card holders.

7.1 Physical and Mental Health Conditions

Over the one week period, 72% (*n. 35*) of people using these services had a diagnosed physical health condition. 39% of these had two or more diagnosed conditions, the most prevalent being Hepatitis B and/or C and liver conditions being the most prevalent. Also quite frequent among this group were conditions related to diabetes and high blood pressure.

A large number of people, 55% (*n. 27*), using these services over this week period also suffered from diagnosed mental health conditions or associated disorders. The most common, again and throughout all the services, was depression with anxiety also proving commonplace. Respectively, 33% (*n. 16*) and 24% (*n. 12*) of those with a diagnosed mental health condition suffered from either or both of these.

One in three of those with diagnosed conditions have both a diagnosed mental and physical health condition.

¹¹ For those who were not necessarily in treatment services for the full week their alcohol and drug use is included in the overall figure, but not when considering treatment services as a service category.

Undiagnosed mental health observations were also quite common among this group with 49% (n. 24) showing symptoms that could imply an underlying mental health condition or associated disorder. Again depression and mood swings, 33% and 20% respectively, were the most commonplace.

7.2 Alcohol and Drug Use

Alcohol use is of average levels at 67% (n. 32) while 33% of these are infrequent consumers which would suggest lower amounts of alcohol intake than throughout other services. As with all the alcohol type reports, beer is the most popular with 70% of those citing beer as a chosen alcoholic beverage.

Drug use is also considerably lower among this group than overall services with 39% (n. 19) using compared to the 54% reported as using drugs in the overall figures. The average among DCTS of those using drugs is 22%, again even lower than Resettlement combined. This could possibly suggest lower levels of drug use among people prior to becoming homeless.

8. CONCLUSION

This survey has pulled together extensive data that highlights from a sample survey of people accessing Dublin Simon services over a week period that homelessness is not just about being without a home. It is a much more complex situation and **the longer one remains in homelessness the more complex and difficult to exit it becomes.**

Conclusions can be drawn from the collected data, including that in relation to length of time homeless and health needs. This report suggests that the longer one remains in homelessness, the more extensive both mental and physical health needs become. For example, frontline services show that those presenting with diagnosed physical and mental health conditions represent 52% and 22% respectively, while the same conditions in housing services are 69% and 64%. Housing services has a higher rate of people experiencing long-term homelessness than frontline services.

Another conclusion, which warrants further research, is the issue of drug use among those at risk of homelessness and those in the early stages of homelessness. Those at risk, accessing DCTS, have a relatively low usage of 22% while there is a huge leap in usage for those who are accessing emergency services, at 73%. Though not conclusive this would suggest there is some validity in the statement that **addictions can often be a consequence as opposed to a cause of homelessness.**

The differing demographics among those accessing services can also be seen as a result of those who have secured long-term beds 5/10 years ago. Many of these in long-term beds in supported housing have progressed very far down the road of homelessness and with such high rates of diagnosed physical and mental health addictions among this group, the

majority are unable to live independently. For the large number of young people in homelessness **there is more hope for independent living by addressing addictions and health issues at an early stage of homelessness.** The results of this survey suggest that if you don't exit homelessness in under three years, you are more likely to remain in homelessness on a long term basis. It is also noted that the low rate of non-Irish nationals is significant due to the impact of the Habitual Residence Condition which prevents many non-Irish people from accessing services therefore the report does not recognise to a huge extent the specific needs of the group.

For all these reasons it is vital that homelessness is acknowledged as being much more complex than just being without a home. **The adequate supports need to be in place to either prevent homelessness in the first place or assist people with their physical and mental health issues, and provide support and treatment for both alcohol and drug addictions in the early stages of homelessness rather than allowing these issues to take root, progressing people to a stage of entrenched homelessness where independent living becomes much more difficult.**

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