



# Where do we treat the homeless?

Adrian Gillin  
Physician

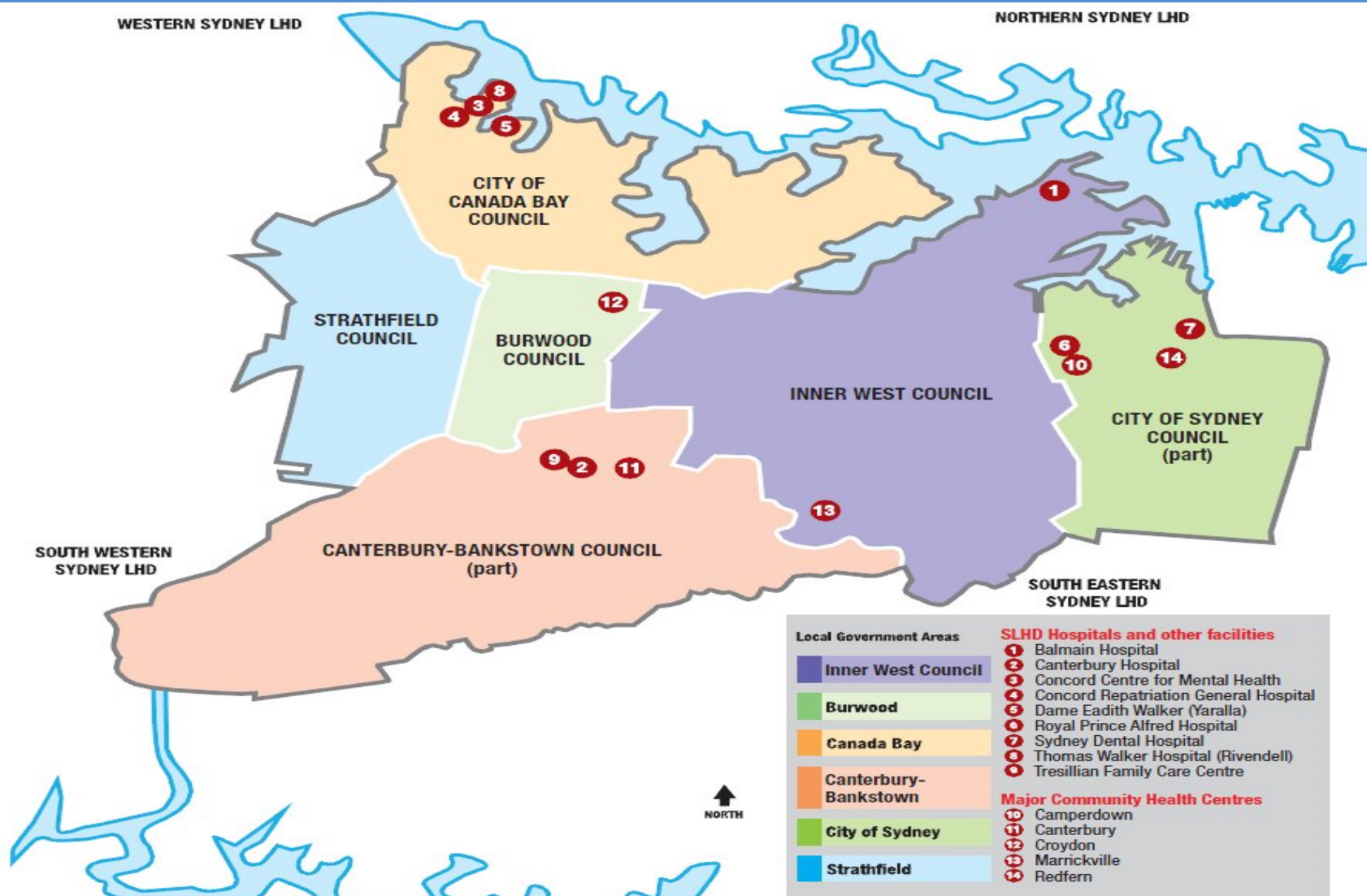
[adrian.gillin@health.nsw.gov.au](mailto:adrian.gillin@health.nsw.gov.au); @DrAdrianGillin

**RACP  
CONGRESS  
2018**  
Sydney  
14 – 16 May 2018

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# Sydney City Fringe and Inner West Sydney



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Surface



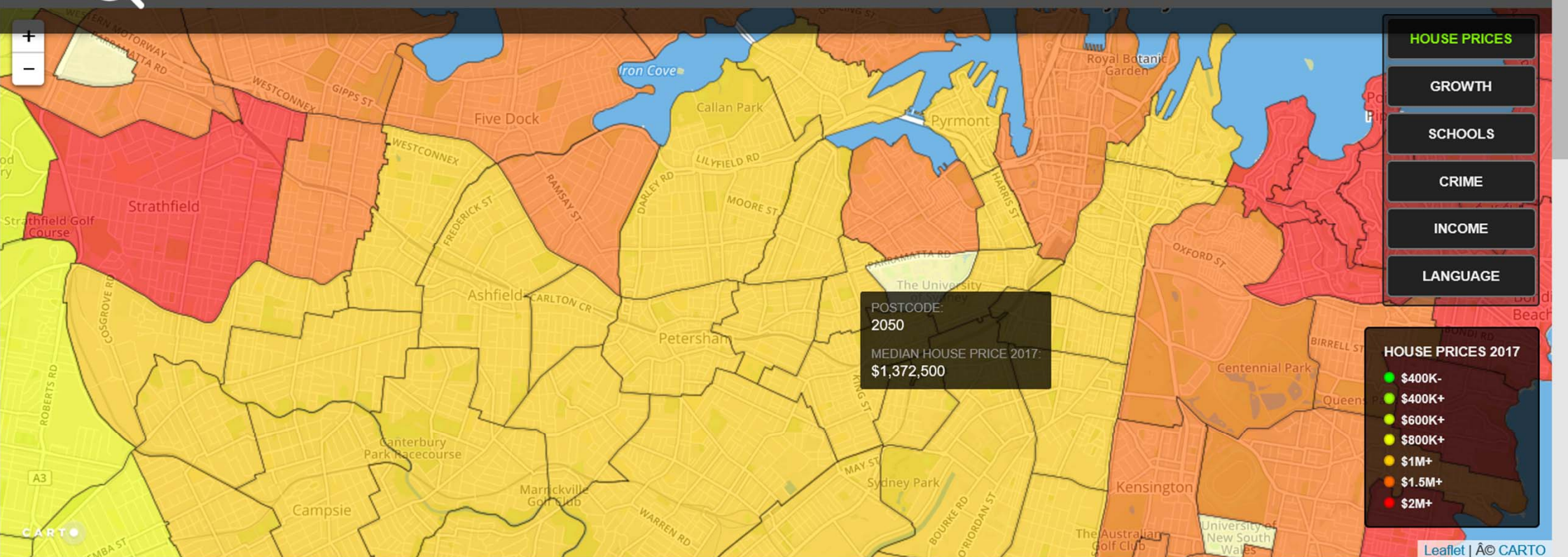
GET REPORT

HEATMAPS

ABOUT

REGISTER

LOGIN



2050



\$ 1,346,346

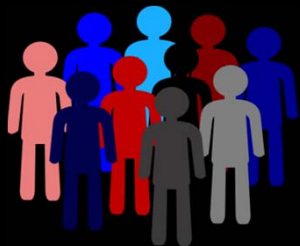


\$ 1,372,500





## Sydney district demographics



**640,000**  
**residents**  
832,790 by 2031

49% born overseas  
43% speak a language other than English  
7% speak little/no English

**0.8%**  
Indigenous



Approx. 205,000 households  
65% families  
27% lone person households

5.4% of dwellings rented from  
government housing authority

19% of  
children in low  
income, welfare  
dependent  
families

Socio-economic diversity  
Extreme advantage vs Extreme disadvantage

## Homelessness & unstable housing

**17,721**  
people residing in  
Boarding Houses in  
2011



**12%**  
Indigenous



**59%** have a  
mental health condition

**40-65%** have an  
alcohol or illicit drug problem

74% at least 1 chronic condition  
50% 2 or more chronic conditions





**A story**  
**My opinion**  
**Suggestions to help**



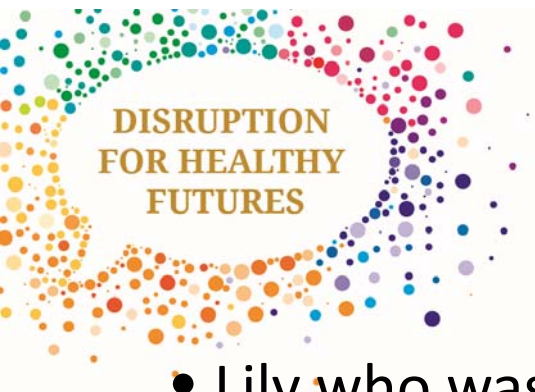
# Once upon a time ...

There were 3 people.

There was a lady called Lily &  
2 men, Tony and Adrian.

They didn't know one another





# Everyday...

- Lily who was alone, in her 60's and was homeless; Wandered from place to place with all of her belongings
- She had a chronic psychosis...







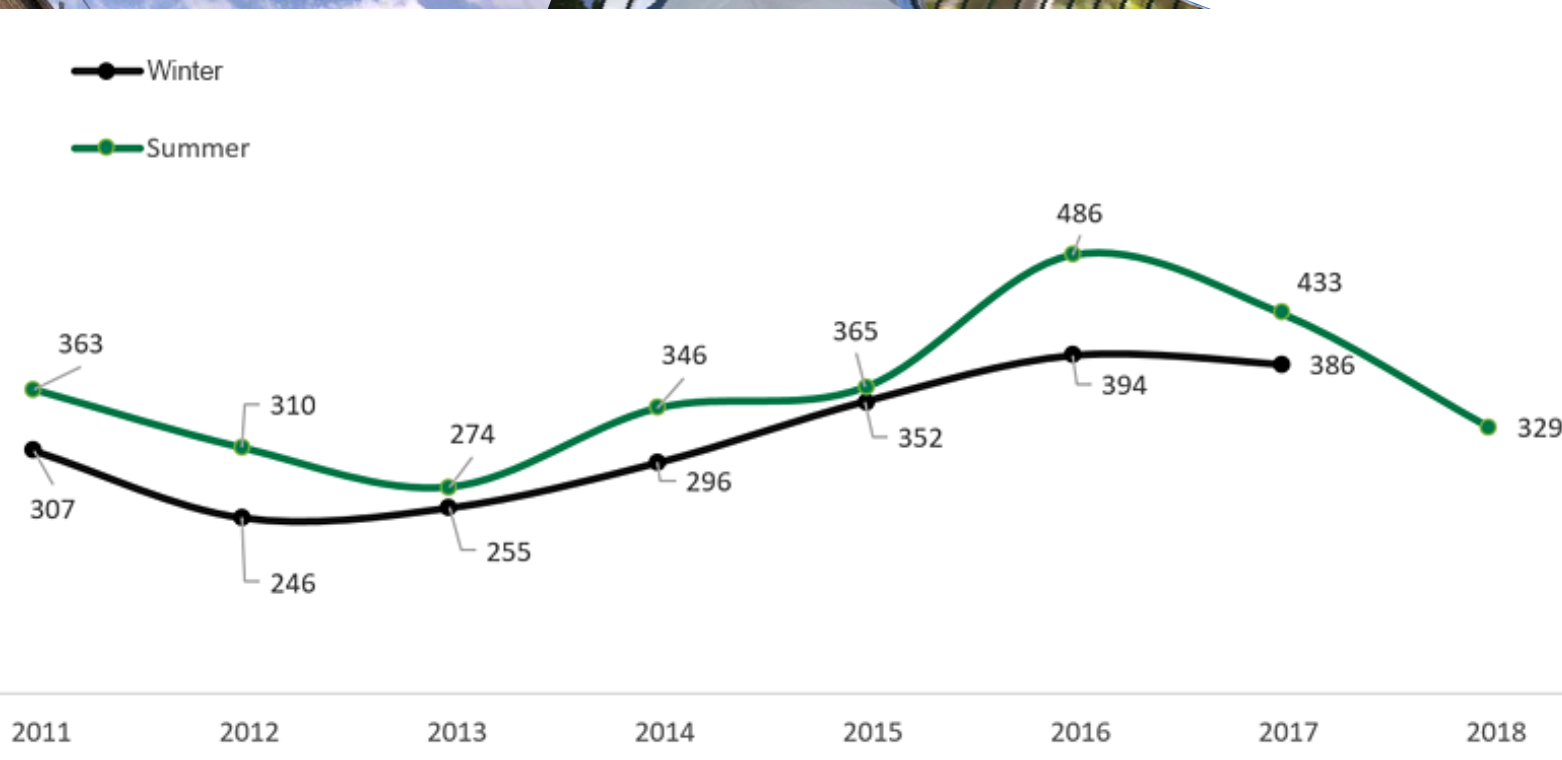
DISRUPTION  
FOR HEALTHY



INNER WEST

# Rough sleep Wentworth Park kicked out by NSW Government authorities

Jim O'Rourke and Heather McNab, Inner West Courier Inner City  
October 12, 2017 6:25pm

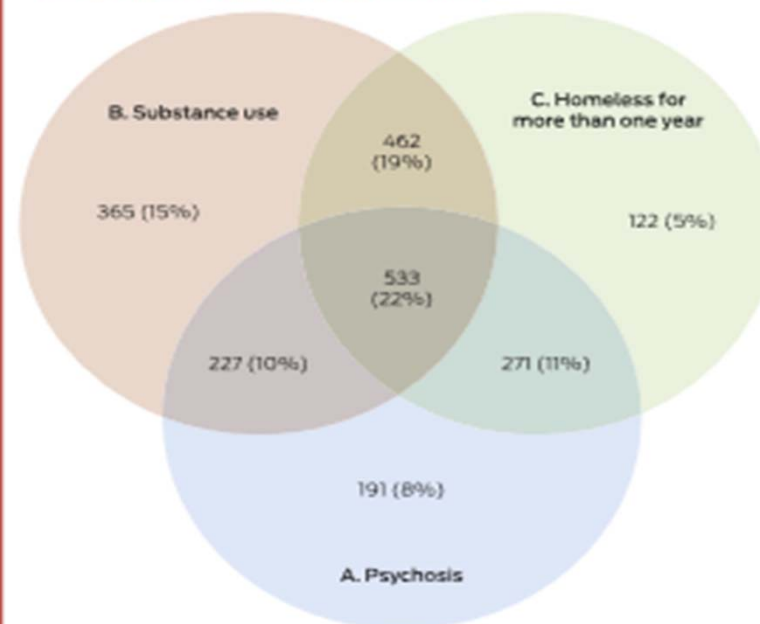




## Characteristics of people attending psychiatric clinics in inner Sydney homeless hostels

Olav B Nielssen<sup>1</sup>, William Stone<sup>2</sup>, Naidene M Jones<sup>2</sup>, Sarah Challis<sup>3</sup>, Amelia Nielssen<sup>4</sup>, Gordon Elliott<sup>5</sup>, Nicholas Burns<sup>5,6</sup>, Astrid Rogoz<sup>7</sup>, Lucy E Cooper<sup>2</sup>, Matthew M Large<sup>8</sup>

**1** Overlap between the three key sample characteristics: diagnosis of psychosis, diagnosis of substance use disorder, and chronic homelessness



A. Psychosis (1222, 51%) B. Substance use (1587, 66%)  
C. Homeless for more than a year (1388, 56%)

Total number of patients attending the clinics: 2388; number of people not included in A, B, or C: 217. ♦

## DISRUPTION FOR HEALTHY

**Table 1.2 Rate of homeless persons per 10,000 of the population, by State and Territory of usual residence - 2001, 2006, 2011 and 2016 (a)**

States and Territories	2001	2006	2011 (b)	2016
New South Wales	36.4	33.9	39.7	50.4
Victoria	38.9	35.3	41.7	41.9
Queensland	54.8	48.3	43.9	46.1
South Australia	39.8	37.0	36.4	37.1
Western Australia	53.6	42.3	41.0	36.4
Tasmania	27.5	24.0	31.0	31.8
Northern Territory	904.4	791.7	723.3	599.4
Australian Capital Territory	30.4	29.3	48.7	40.2
<b>Australia</b>	<b>50.8</b>	<b>45.2</b>	<b>47.6</b>	<b>49.8</b>

(a) Cells in this table have been randomly adjusted to avoid the release of confidential data. As a result cells may not add to the totals.

**28,191**

**Homelessness in NSW** - Rate per 10,000 population



**40.8 per 10,000**

0 **48.9** National Average

200

400

600

800

1000

**28,191 people are experiencing homelessness in NSW - more people than any other state.**





# Homelessness statistics

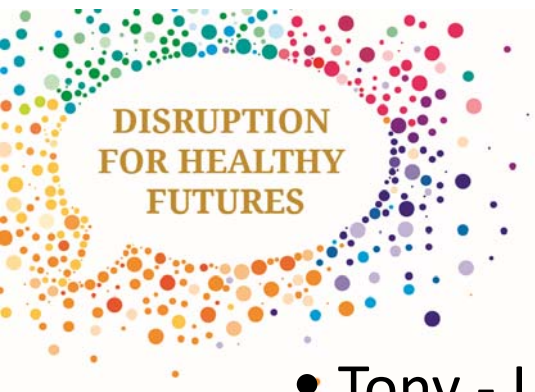
## How old are they?

- Under 12 17% (17,845)
- 12-18 10% (10,913)
- 19-24 15% (15,325)
- 25-34 18% (19,312)
- 35-44 14% (14,484)
- 45-54 12% (12,507)
- 55-64 8% (8,649)
- 65-74 4% (4,174)
- 75 and over 2% (2,028)

## How old are they?



<b>75 +</b>	2% (2,028)
<b>65-74</b>	4% (4,174)
<b>55-64</b>	8% (8,649)
<b>45-54</b>	12% (12,507)
<b>35-44</b>	14% (14,484)
<b>25-34</b>	18% (19,312)
<b>19-24</b>	15% (15,325)
<b>12-18</b>	10% (10,913)
<b>Under 12</b>	17% (17,845)



## Everyday...

- Tony - Lived alone on a DSP in an Ashfield Boarding House.
- He is divorced and on a methadone program
- He only has his room and cooking facilities and a bathroom down the hallway
- He had been discharged home 2 weeks earlier on Peritoneal Dialysis





# What is Homelessness?

Primary Homelessness

Secondary Homelessness

Tertiary Homelessness

ABS Definition





# Homelessness statistics

## Where are they?

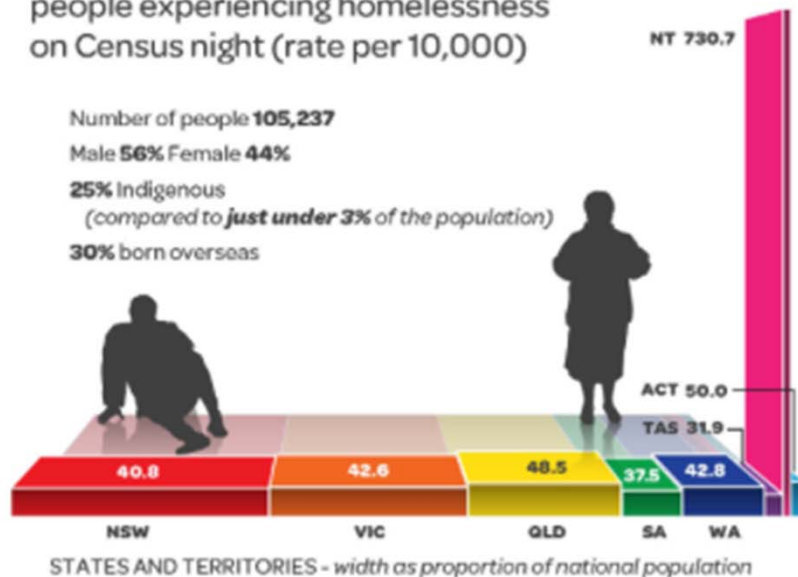
State and Territory distribution of people experiencing homelessness on Census night (rate per 10,000)

Number of people **105,237**

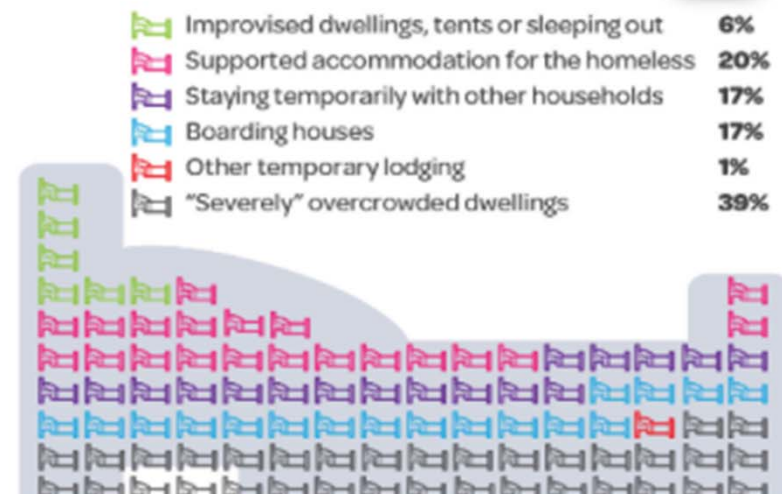
Male **56%** Female **44%**

**25%** Indigenous  
(compared to **just under 3%** of the population)

**30%** born overseas



## Where do they stay?



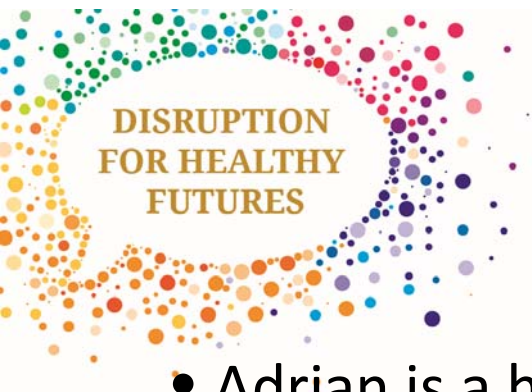
### Boarding houses

There were 17,503 homeless persons living in boarding houses on Census night in 2016, up 17% on the estimate for 2011. The majority of the increase is attributed to New South Wales, up 19% or 1,076 persons to 6,869 in 2016 from 5,793 in 2011.



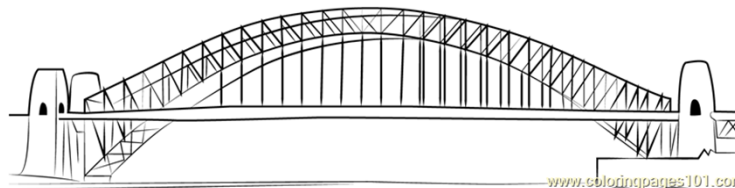
Homelessness Australia

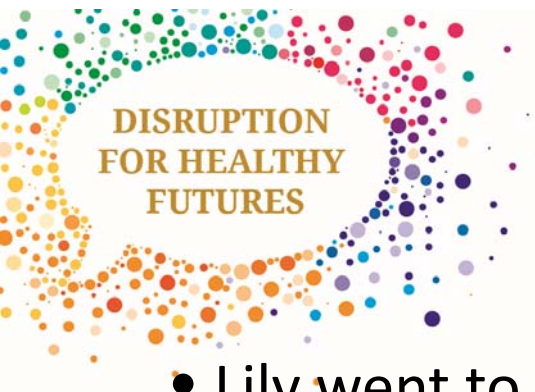
Creating a framework for ending homelessness



# Everyday...

- Adrian is a husband and father
- Went to work across the Bridge as a nephrologist and Head of Division of Medicine



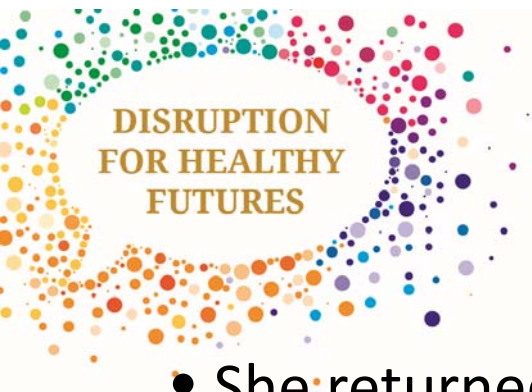


## One evening...

- Lily went to the Emergency Department
- There were no specific medical problems
- She was offered the Way2Way phone number for housing
- She left the ED







## Because of that...

- She returned twice more that evening but nothing else was needed medically
- She was asked to leave the waiting room by the Security staff as it was too crowded..

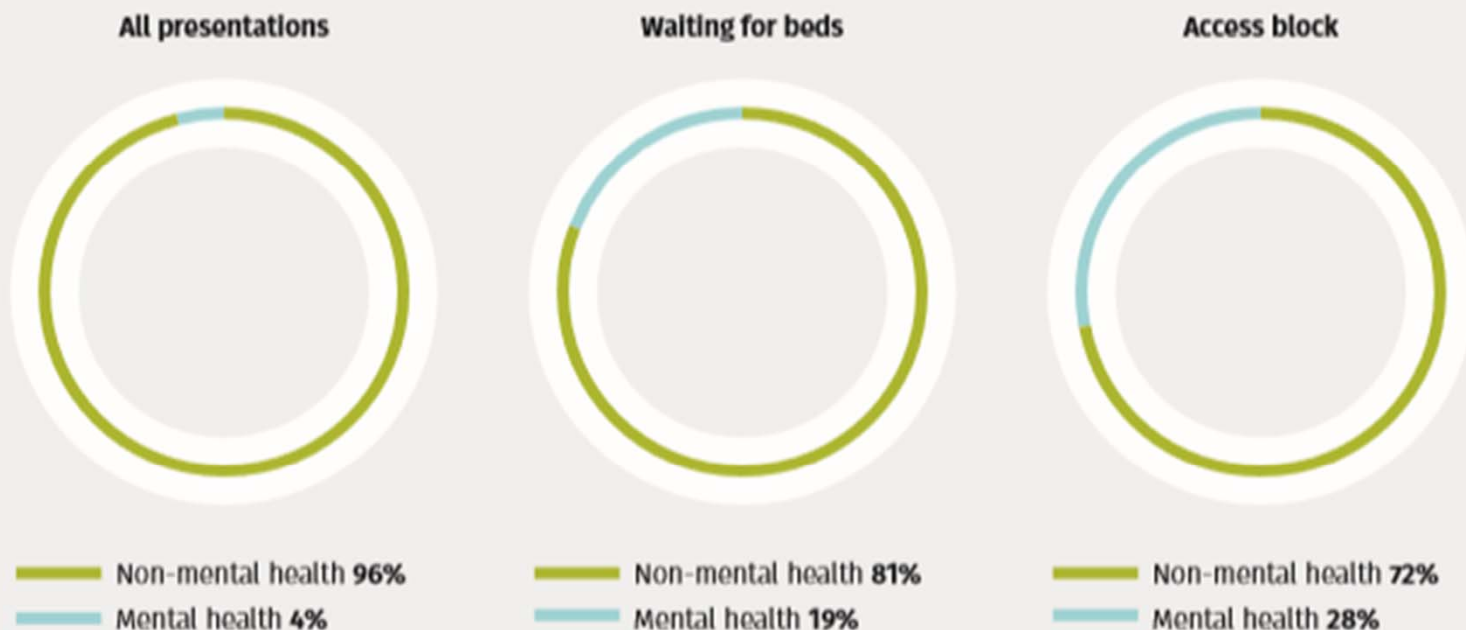




Waiting Times in the Emergency  
Department for People with Acute  
Mental and Behavioural Conditions

February 2018

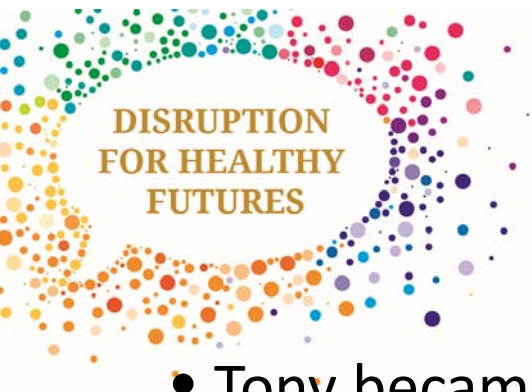
**Figure 4** Overall ED occupancy at 10:00 In Australian and New Zealand EDs



Across jurisdictions, a similar prevalence of mental health presentations was observed (4% to 6%), with high percentages of patients waiting for inpatient beds and experiencing mental health access block. Mental health access block appears to be of most concern in Western Australia (67%) and Queensland (39%). While there appears to be less of an issue in South Australia and New Zealand, admission rates were lower in both jurisdictions. Compared with paediatric hospitals, mental health access block was generally worse in adult and mixed Australian hospitals (Figure 5).

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# One Day...

- Tony became ill with pain and vomiting. His friends called an Ambulance
- He was brought to a closer hospital, this time....





People who are homeless suffer more health problems than housed people.

They are:



**2.5x** more likely  
to have asthma



TB rates are  
**34x** higher



**6x** more likely to  
have heart disease

*London data*

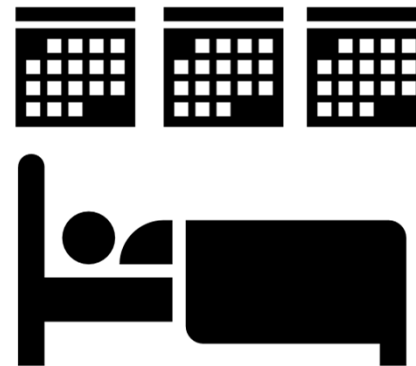


Hepatitis C  
rates are  
**50x** higher



## Because of that...

- Tony has peritonitis from the Peritoneal Dialysis
- He had surgery; the PD catheter was removed, he started haemodialysis
- Pain management was difficult
- He was had to find
- He was in hospital for 3 months







A study of the health needs of 933 people sleeping rough in Hammersmith and Fulham, Kensington and Chelsea, and Westminster found that they:

Visited A&E seven times as often as the general population



Were admitted to hospital more frequently



The cost of their care in hospital-based services was five times as much as the average for the general population.





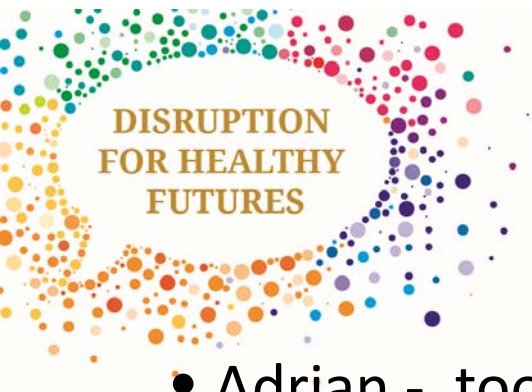
# Finally...

Tony was discharged home...

His children and ex-wife were involved more

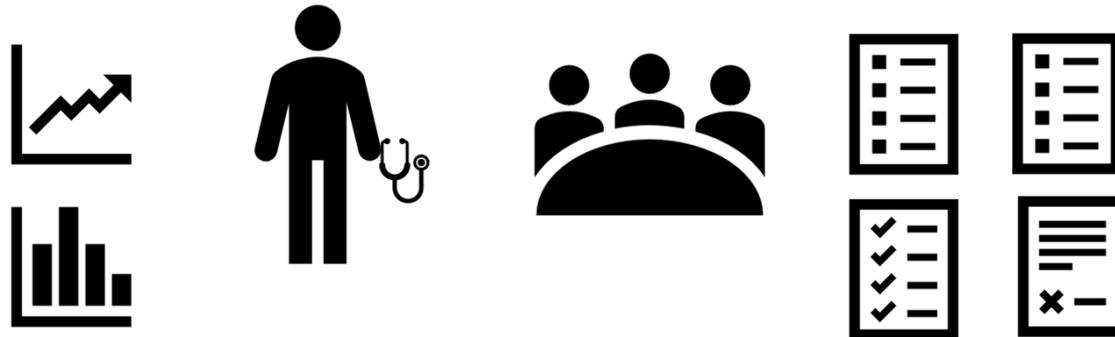
We assisted with transport between home and dialysis





# Once upon a time...

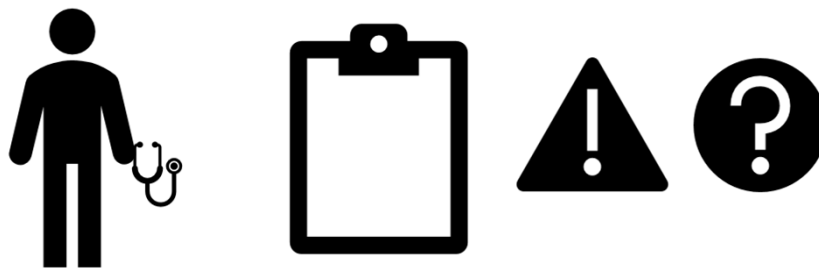
- Adrian - took part in the monthly hospital “Patient Care Committee” meeting.....(as well as other things)..





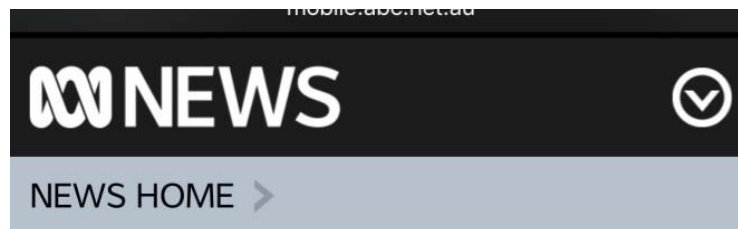
# One day...

1 RCA stood out – there was a death but there were no root causes...





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## Woman who died after being discharged got adequate treatment, RPA hospital says

BY [PHILLIPPA MCDONALD](#)

UPDATED THU 22 DEC 2016, 6:06 PM AEDT



Sydney's Royal Prince Alfred hospital has said its staff did everything they could to help a woman who, after being discharged, was found inside one of the hospital's toilets and later died.

The 60-year-old woman had been admitted to the hospital on Friday night, treated and discharged that same night.

She died on Saturday morning.

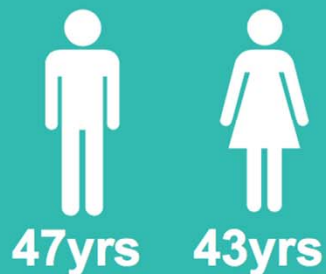
The Chief Executive of the Sydney Local Health District, Dr Teresa Anderson, told the ABC that at the time she was discharged, the woman was offered a bed because she told staff she had nowhere to go.



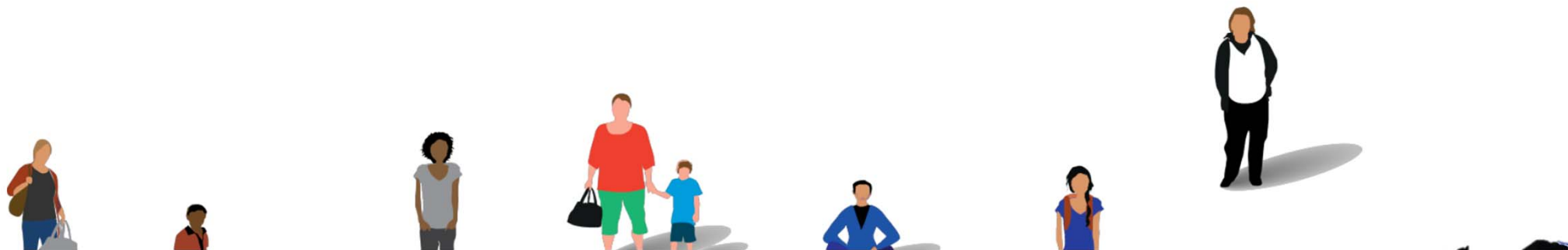


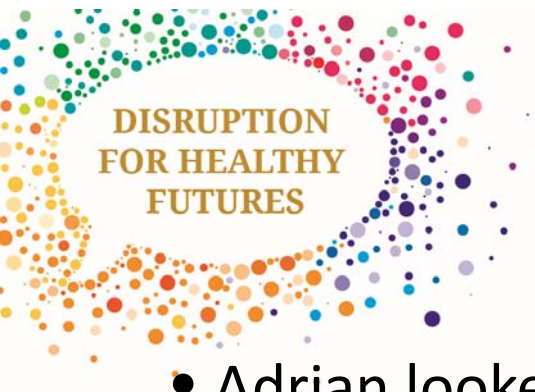
Research from Crisis found that:

The average age  
of death of men and  
women sleeping rough



People who are  
homeless are nine  
times more likely  
to take their own life





## Because of these things...

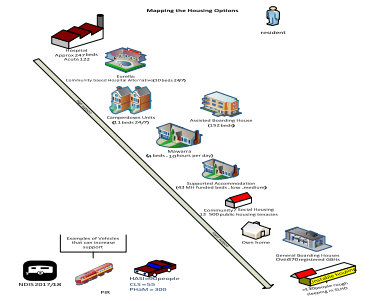
- Adrian looked for answers in the ED, Social Work, Patient Safety Officer.
- Why couldn't Lily be given a bed or let stay in the ED.
- Why was Tony discharged on a system fraught with failure





# SLHD Projects

- Improved housing Options
- Boarding House Projects
- Person centred services – provided in the community at the right time
- Redlink
- Integrated Care Programs
- Improved Sector & Workforce Capacity





## ORIGINS

# THE GAP

NSW has the largest prisoner population nationally, accounting for 32% of the total Australian adult population.

**2.9%**

2.9% of NSW's population identify as Aboriginal or Torres Strait Islander.

**24%**

24% of NSW's prison population identify as Aboriginal or Torres Strait Islander.



**CREATING FUTURES**  
WEAVE YOUTH AND COMMUNITY SERVICES

**WEAVE**  
YOUTH & COMMUNITY SERVICES

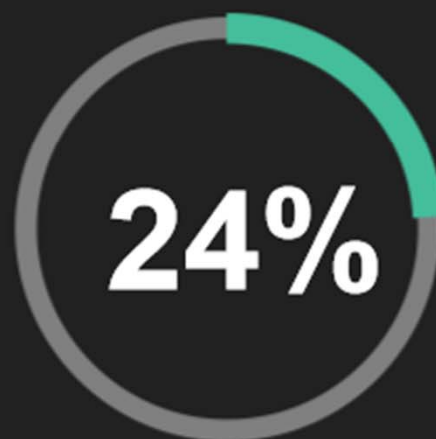


**CREATING FUTURES**  
WEAVE YOUTH AND COMMUNITY SERVICES

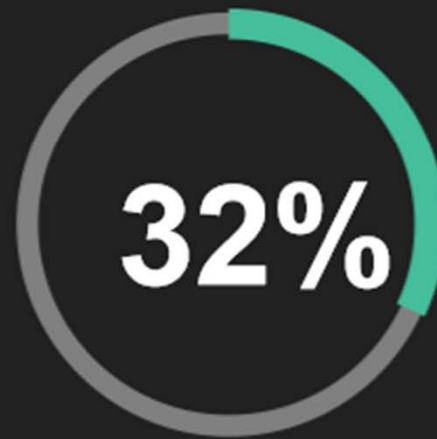
## HOW WE DO WHAT WE DO

# HOUSING

- Many of our clients are at a high risk of homelessness upon leaving custody. Stable, safe and secure accommodation is perhaps the most acute challenge our clients face.
- In NSW It's common for offenders who had stable housing prior to entering custody to lose their accommodation after entering custody. Offenders who were previously accommodated in private rentals struggle to pay whilst in custody and offenders previously accommodated in public housing lose their tenancy once they've been in custody for three months
- Such circumstances often lead to homelessness upon release from custody and as such create an increased likelihood of reoffending. Aboriginal and Torres Strait Islander women are the least likely of any group within prisons to be able to find appropriate accommodation upon release from incarceration – particularly where they have dependent children<sup>4</sup>.



24% of all inmates were homeless prior to entering custody<sup>2</sup>



32% of Women in custody were homeless prior to entering custody<sup>3</sup>.



## CLIENT HEALTH

# PRESENTING HEALTH ISSUES

### ALCOHOL AND OTHER DRUGS

86% of NSW inmates surveyed in 2015 reported to have misused drugs other than alcohol<sup>5</sup>

### MENTAL HEALTH

63% of NSW inmates surveyed in 2015 had received at least one mental health diagnosis including 48% of which reported no previous contact with a mental health clinician. The most common diagnoses were: depression (39%) and anxiety (25%)<sup>6</sup>.

### ACQUIRED BRAIN INJURIES

32% of NSW inmates surveyed in 2015 reported they had experienced incidents which had left them unconscious. Of those that reported such injuries, 29% reported undergoing brain scans which revealed some degree of brain injury<sup>7</sup>.



**CREATING FUTURES**  
WEAVE YOUTH AND COMMUNITY SERVICES

## CLIENT HEALTH

# ALCOHOL AND OTHER DRUGS

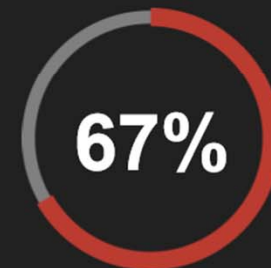
Below are statistics for reported use of substances amongst NSW inmates prior to entering custody in 2015<sup>9</sup>.



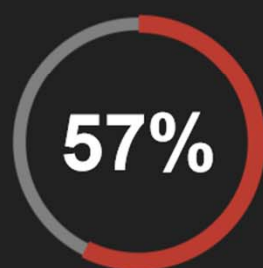
TOBACCO



CANNABIS



METHAMPHETAMINES



AMPHETAMINES

## NUTS & BOLTS

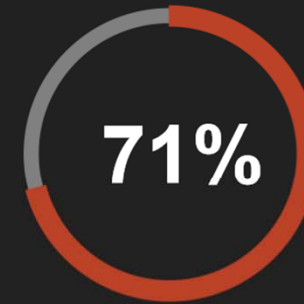
# HOW WE DO WHAT WE DO

Creating Futures provides comprehensive, holistic, intensive client-centered casework and counselling to give Aboriginal and Torres Strait Islander offenders opportunities outside of the criminal justice system. Upon release we provide clients with support in the following areas:



## ORIGINS

# RECIDIVISM



In 2017, 71% of Aboriginal people in prison in NSW had experienced prior imprisonment, compared to 46% amongst non-Aboriginal people<sup>1</sup>.

## CREATING FUTURES JUSTICE PROGRAM

# RESULTS SO FAR



**CREATING FUTURES**  
WEAVE YOUTH AND COMMUNITY SERVICES

Since January 2017, The Creating Futures Justice Program has had 101 referrals, 83% of which identified as Aboriginal or Torres Strait Islander.



Since 2017, 8 clients who were referred to the program have returned to custody.

The Program has directly assisted 17 clients into NSW Housing tenancies in partnership with FACS.



In May, Creating Futures will run it's first Cultural Camp on the NSW South-Coast for several engaged clients.

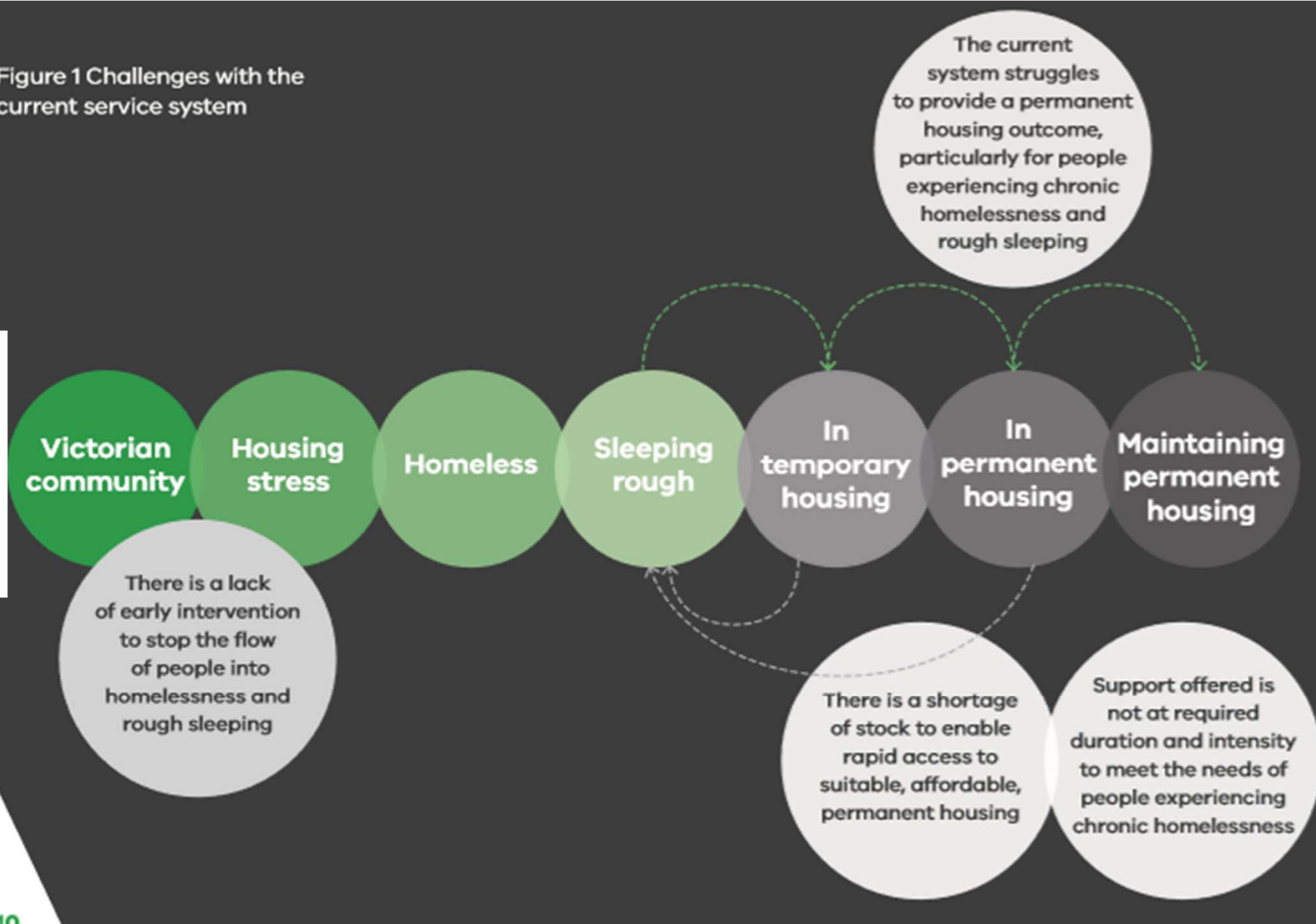
Three clients from the program have successfully obtained their drivers license.



The Creating Futures Program will be evaluated towards the end of 2017.



Figure 1 Challenges with the current service system



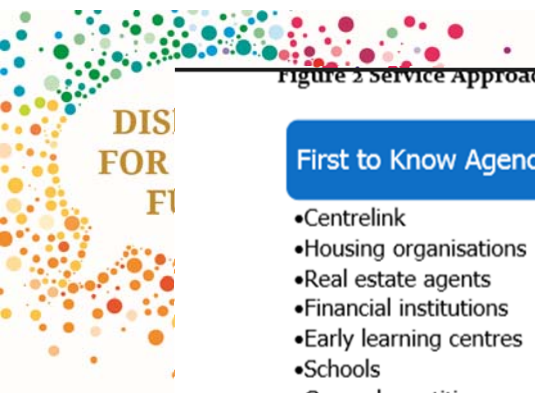
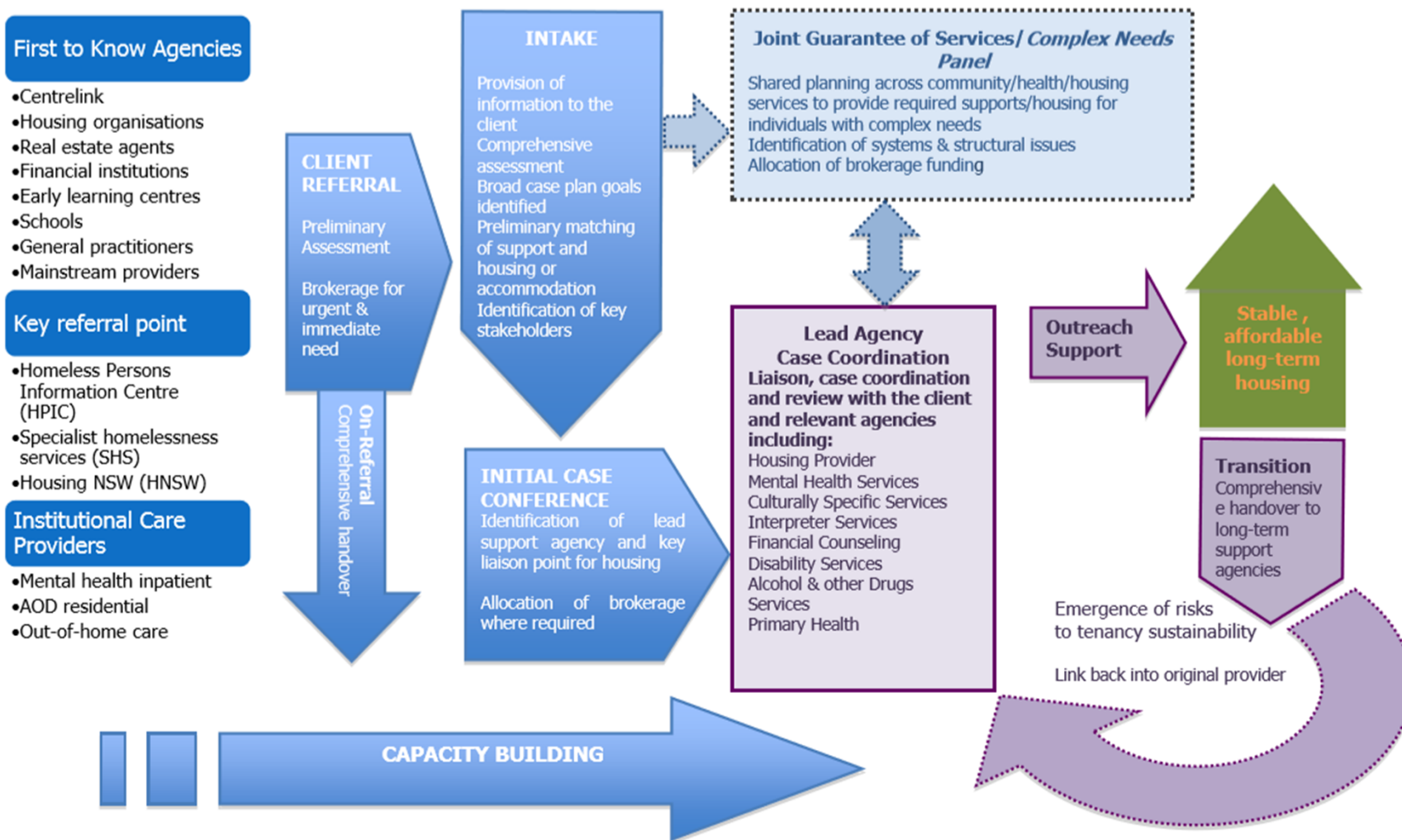


Figure 2 Service Approach Flow Chart







However, the NDIS alone will not meet all the needs a person has. Inclusion and access for everyone is a shared responsibility and other government systems will continue to play a critical role in supporting people with disability.

The NDIA will build relationships with mainstream service providers and the local community. This will improve their understanding about how they can interact with people with disability.

Participants can choose where to access their supports including through centre-based services, in-home, day services, community access and outreach services.

**What supports related to mental health services will the NDIS fund?**

Psychosocial disability can arise from mental health issues. Whilst not everyone with a

[ndis.gov.au](http://ndis.gov.au)



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## AMA Position Statement

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### **Mental Health 2018**

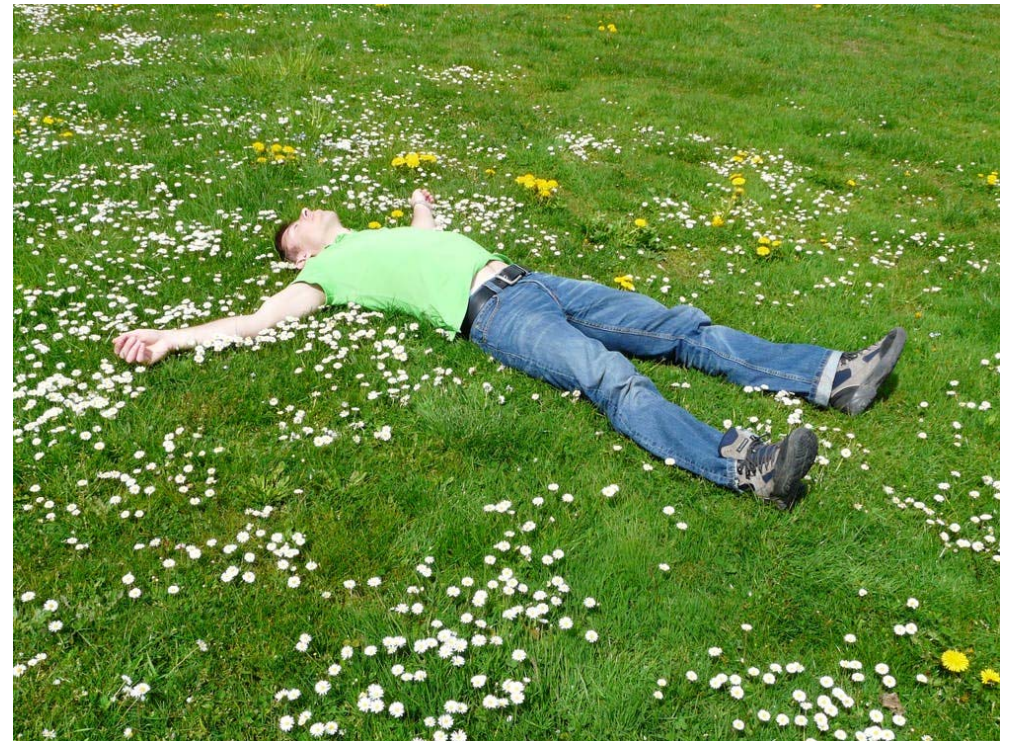
#### **Executive Summary**

- It is generally acknowledged that there are significant deficits in mental health funding. In 2014-15, mental health received around 5.25 per cent of the overall health budget while representing 12 per cent of the total burden of disease.<sup>6</sup>
- Non-government organisations that struggle to support people with mental illness and their carers also face chronic under-resourcing and lack of sustainable funding.
- There is also a serious and continuing problem in the inability to link and integrate the mental health care provided to patients in primary care with the crisis or acute care they receive as hospital in-patients.
- Reforms such as the National Disability Insurance Scheme (NDIS) and Primary Health Networks (PHN) are massive major policy initiatives that should be independently researched and made accountable to provide an evidence base that they are delivering their intended outcomes.
- PHNs and the NDIS were designed to reduce the deficits and fragmentation in mental health care and reduce pressure on hospitals. Some PHNs are working effectively, but for others lack of transparency, opaque funding and less than robust governance processes must be addressed if every PHN is to achieve the promised reforms in mental health.



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# Suggestions

- Acknowledge a homeless person
- Ask JMOs about Housing – not only alcohol, drugs, allergies....
- Don't Discharge to Homelessness
- Is there a Homelessness policy?
- Get involved in Homelessness Week (5-11/8)
- Ask NGOs to talk at Grand Rounds
- Ask more about the NDIS rollout
- Attend the National Homelessness Conference (Melb 6-7/8)







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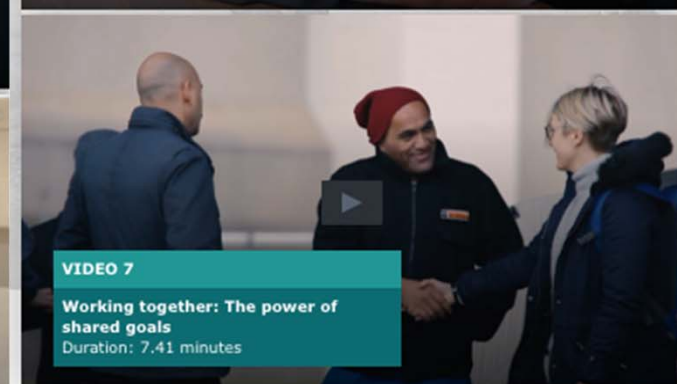
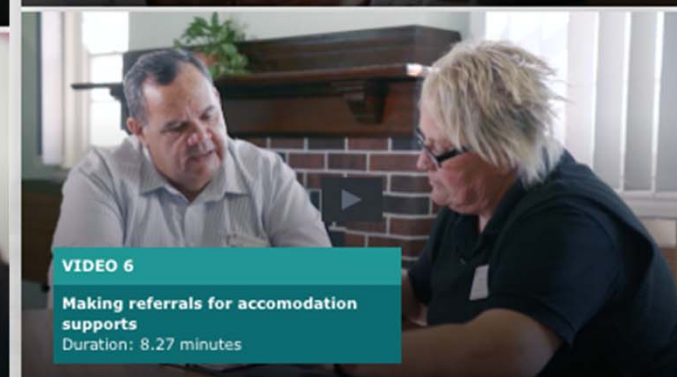
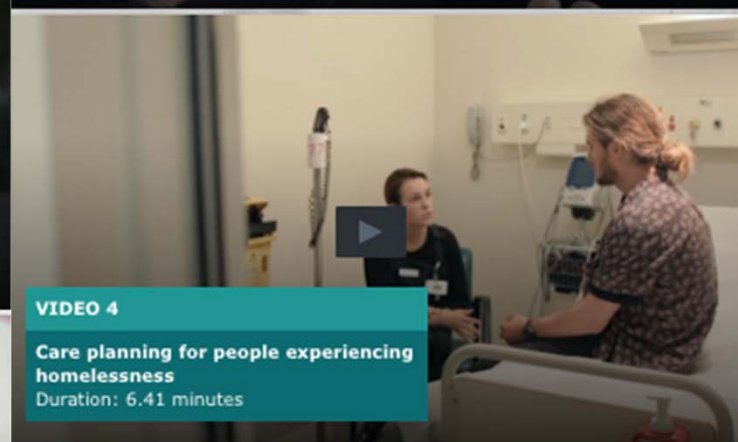
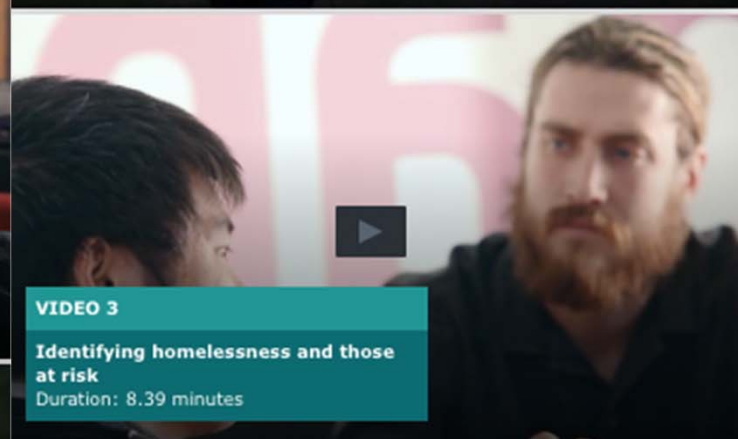
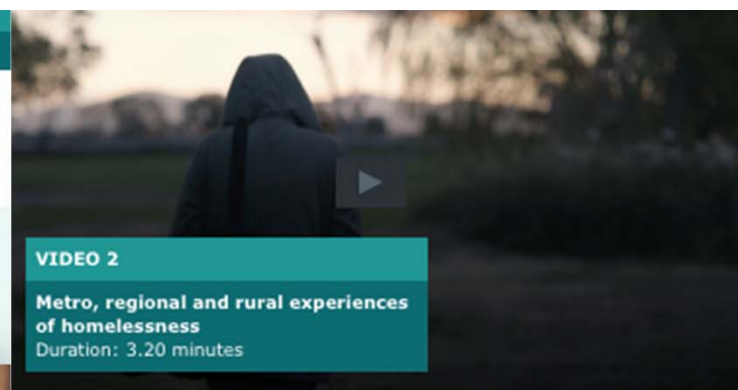
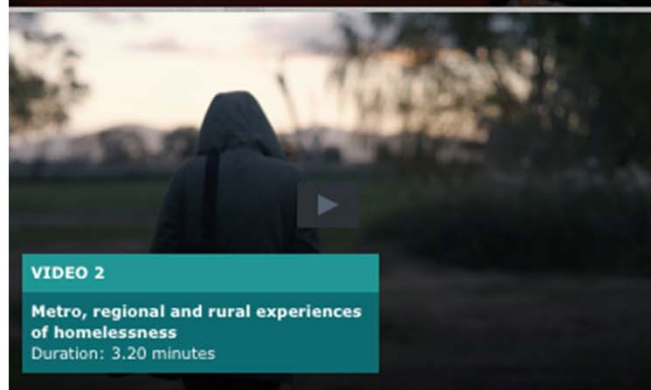
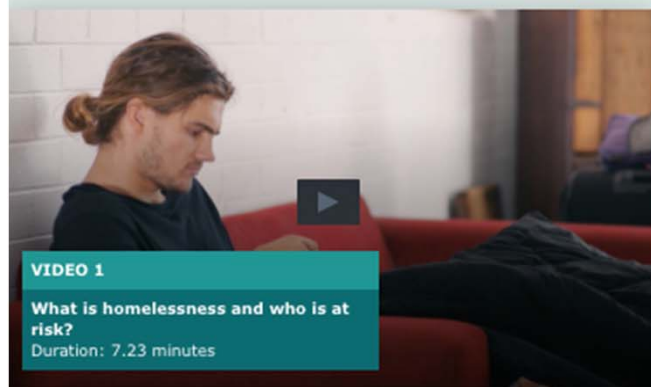


### Did your client have somewhere safe to sleep last night?

This video learning series can help health workers to identify and take early intervention action to assist people who may be experiencing homelessness, or at risk.

#### Watch each video

Watch the seven videos below to hear some of the challenges and personal stories of people who have experienced homelessness. Gain insights from health workers who have been able to initiate vital support and referrals to assist.



**This learning is also available for NSW Health staff on My Health Learning or DVD.**

For more information, or to order more DVDs, contact HETI at [HETI-DistrictEnquiries@health.nsw.gov.au](mailto:HETI-DistrictEnquiries@health.nsw.gov.au)