“I’ve a lot on my plate at the minute”: Self-identified priorities among homeless attendees of a primary care and addiction service in Dublin 2023

SERVICE USER PERSPECTIVES

Carolyn Ingram, Isobel MacNamara, Conor Buggy, Carla Perrotta
UCD School of Public Health, Physiotherapy, and Sports Science

Context

Aim

To explore the perspectives of homeless clients attending a primary care and addiction service in Dublin on their health and healthcare priorities.

Secondary objective - To strengthen trust and establish a rapport with clients and clinic staff.

Methods

Study design

Ethnographic approach combining active participant observation and informal interviews in clinic waiting room or consultation room.

Sample population: People experiencing (or who had experienced) homelessness attending the drop-in primary care and addiction service at least one Monday between October 2022 and April 2023

Inclusion Criteria: (1) part of sample population, (2) had an established rapport with centre staff and were deemed to be of sound mental capacity, (3) expressed a voluntariness to chat with the researcher without coercion, and (4) spoke English.

Data Collection

No recording of interviews. All records recorded as field notes.

I**n-Depth Conversations**: Participants meet inclusion criteria, informed verbal consent obtained. Conversations lasted between 20 minutes to 1 hour.

Open-ended questions:

"Do you mind telling me a bit about how are you feeling today?"

"What about your healthcare, do you feel like you could be better supported in any way?"

UCD Research Ethics Reference Number (REERN): HREC LS-22-42-Ingram-Perrotta.

Supplementary Data Collection & Data Analysis

Casual conversations: Happen organically in the waiting room, client-led, non-public data not recorded.

Observations: Traffic, interactions... Non-public data not recorded.

Field note data (~60 hours) analysed using inductive thematic analysis.

Results

Participants

23 **In-Depth Conversations**

11 Men

12 Women

14 Active addiction

5 In Recovery

9 Hostels

5 With family

2 Independent housing

4 Migrant status

Participants

What did they say?

23 In-Depth Conversations

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Self-identified priorities amongst clinic attendees

Mental Health

Safety

Relationships

Guards & Court

Physical Health

Navigating Addiction

Housing & Income

Mental Health

Mental Health Challenges

Anxiety, depression, panic & dependence on medications for these (Librium, anti-depressants...)

Suicidal ideation (2 clients)

Auditory hallucinations (1 client)

Chaotic nature of clinic can be challenging

Mental Health

Stance on mental health services

Jack says that he went to a psychiatrist a day that he was suicidal and was sent back to the streets with two pills. The psychiatrist said that the suicidal thoughts were linked to his drug use and not his mental health. 'That doesn't make sense because I've been using drugs since I was a teenager but I'm only suicidal since my partner kicked me out.' (Jack 25-10-22)*

Dual diagnosis remains a problem

Psychosis sometimes treated as law enforcement issue (e.g., *"Obstruction of traffic"*)

Not ready to seek help: *"Oh you know me, once you got me talking I just wouldn't stop" (Alannah 25-04-23)*

All participants given pseudonyms

Loss and Grief

Many clients mentioned having recently lost friends or family

Exposure to death in hostels

Frustration at lack of opportunities to access grief counselling

Grief as a catalyst for relapse

All participants given pseudonyms

Parenting

Clients spoke frequently of and cared deeply for their children

Need for additional parenting support: *"If there's one gap in services, it's social workers for single mothers recovering from addiction whose children are returned to them"* (Nora 17-01-23).

Challenges related to caring for children with special needs (behavioural issues, autism, ADHD)

All participants given pseudonyms

Relationships

With family

Concerns about ties being cut, losing touch

Caring for elderly parents, grandparents

With partners

Breakups of long-term relationships

Changing behaviours due to drug use

Trying to recover while partner is in addiction

Fearing for safety

She tells me that the man who violently assaulted her just got out of prison on compassionate grounds. "Where is the compassion for me?" she says. (Eimear 20-02-2023)

Insufficient protections for women in homelessness...

Whose attackers are released from prison

She'd been asked to leave a domestic violence shelter when her abuser found out where she was staying. I asked how she stayed safe after leaving, at which point she took out her removable partial denture to reveal a missing tooth. (Cara 27-02-23)

Without access to a safe place to stay

All participants given pseudonyms

Physical health

Pain, wounds, and disability

Lots of self-repairs: toilet paper, cellotape, superglue

Frustrations at loss of cognitive function, mobility

Painful withdrawal *(going through detox in a shared room!)*

Non-immediate health concerns rarely mentioned

All participants given pseudonyms

Hostel conditions

Finding a suitable bed

Disability accessible (man in wheelchair assigned to third floor, no elevator)

Sleeping difficulties

Boredom!

All participants given pseudonyms

Navigating addiction

Stance on services

Perceived overreliance on methadone

Challenges of waiting to enter treatment

Fears that mental health medications will be taken away in residential treatment

All participants given pseudonyms

Navigating addiction

Non-medicalised options for prevention & recovery

Lorcan says the pain of facing your trauma is not as bad as the pain of addiction. He wishes people knew this. When GPs hear somebody say 'I'm fed up. I can't do this anymore', he wishes they would point them towards stabilisation, treatment, 12-step. He says that a lot of people, even GPs, don't know about the services available. They don't know that there is a way to face the pain besides drugs and alcohol. In addiction, those seem like the only option. He wants people to know that it's not. (Lorcan 17-04-23)

All participants given pseudonyms

Conclusions

Comparing Perspectives

SERVICE PROVIDERS	SERVICE USERS
More mental health services	That address loss and grief. Are we designing them in a way that clients actually want to/feel able to use them?
More stabilisation/residential treatment beds	Accompanied by better information and outreach on non-medicalised treatment options

Safe spaces

Comparing Perspectives

SERVICE PROVIDERS	SERVICE USERS
Housing First (long-term)	Removing barriers to accessing a bed for the night (short-term)
	Parenting Supports
Social support options that capitalise on community strengths	To address boredom, depression, panic, anxiety,...

I ask her how her healthcare is going. She says she likes this clinic a lot. She said that before, with GPs, she was never honest for fear of being judged. She says she can be honest now and – as a result – is feeling better. She says it feels good to be trusted. It feels good that the people here know her name.

Thank you clinic partners!

Questions: carolyn.ingram@ucd.ie