Impact on health care adds to the social cost of homelessness, MDs say

Fran Lowry

In Brief • En bref

Homelessness has become a visible part of Canada's urban landscape, affecting adult men and women, youths and families with children alike, and the issue becomes particularly serious as winter approaches. During a workshop in Toronto earlier this year, physicians, researchers and social workers examined the effects of homelessness on health, identifying many of the unique health needs of this vulnerable segment of society.

En nombre croissant, les sans-abri font partie du paysage urbain au Canada. Les sans-abri sont aussi bien des hommes et des femmes adultes que des jeunes et des familles avec enfants. À un atelier tenu récemment à Toronto, médecins, chercheurs et travailleurs sociaux ont relevé les problèmes de santé uniques auxquels sont exposés les sans-abri.

The homeless have always been with us. There have always been what sociologists call the chronically homeless, the skid-row bums and rummies who live "on the Main." Until recently, they had their own part of town in most urban Canadian centres and stayed in it, largely out of sight.

Today, the situation is different. The number of homeless Canadians has grown consistently since the 1980s, reaching unprecedented levels in 1996. In 1995, about 27 000 Torontonians used the city's hostel system. Recent estimates indicate that 3600 people, including single adults, youths aged 18 years and younger as well as families with children, use Toronto's emergency shelters every day.

"We don't visualize women and children as homeless," says Dr. Chandrakant Shah, professor in the University of Toronto's Department of Preventive Medicine and Biostatistics. "We forget about them because the usual perception of a homeless person is of a down-and-out drunk male, the kind that has always existed. The big difference now is that we are starting to see an increase in the number of women and children turning up in emergency shelters.

"In Toronto, in just a short period, the number of homeless families has risen from 800 to 1800," he told a workshop on homelessness and health, jointly sponsored by the U of T and the Ontario Medical Association and held earlier this year. "It's an epidemic."

Some believe the epidemic was precipitated by Ontario's recent cuts in welfare payments, which lopped 21.6% off monthly welfare cheques. Since the main cause of homelessness is a lack of affordable housing, community workers were not surprised that the substantial reduction in welfare payments left some people with nowhere to go but the street. The huge majority of those who end up on there are young — only 12% are over 50.

The illnesses of homeless women and men are not different from the general population's, but their living conditions and poverty affect their ability to cope with health problems as they appear.

Mental illness

The homeless are more likely to have chronic and psychiatric illnesses than the general population. Studies in various Canadian cities indicate that the proportion of homeless people with psychiatric disorders may be as high as 35%.

Shah suggested it is common to have more than one disorder, and the most common combination is mental disorder and substance abuse. In one study, more than one-third of emergency shelter users were alcohol abusers, 15% were drug abusers and 20% were current or former psychiatric patients. Many homeless people have a combination of problems that make them very difficult to treat.

Which comes first, the mental illness or the homelessness? Shah says this question is still being debated. "Does the homelessness lead to higher prevalence of disorders or does having a condition predispose people to homelessness? The answer is that both are true. For example, being homeless can lead to depression and depression can cause work disability, leading to poverty that results in homelessness. A follow-up study of homeless persons in California found that although 45% of respondents had no medical or psychiatric impairment when they first

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became homeless, these healthy respondents were likely to develop some type of disorder after being homeless for 6 months."

Street kids

The health problems of street kids, distinct from those of older homeless Canadians, are uniquely related to their age and erratic lifestyle. Like all the homeless, they fall prey to poor hygiene, inadequate diet and exposure to the elements. But because they are younger and still growing, said Dr. Noni MacDonald, professor of pediatrics and microbiology at the University of Ottawa, they are more vulnerable to these deprivations and to the violence, drugs, alcohol, sexually transmitted diseases and mental-health problems that pervade their world. (One survey of Toronto street people under age 25 found that over 70% had left home because of physical and/or sexual abuse.)

According to MacDonald, the needs of Canada's street kids cannot be addressed at Salvation Army-type facilities that were set up to help older, usually alcoholic, men. Street kids simply won't go there.

"When you are 15 years old it's hard to line up with the winos and drunks, so kids don't use soup kitchens. The needs of a 45-year-old alcoholic are so different from those of a 14-year-old girl. If you don't have a place to keep your clothes because if you take them off they'll get stolen, then you can't shower. Where can you wash?"

There has been an increase in intravenous drug use, hepatitis and HIV infection among street youth who, despite being very sexually active — many work as prostitutes — usually have unprotected sex. An interview of 100 Ottawa street kids aged 15 to 19 found that 25% had had at least four different sex partners within the last month, yet only 27% of the boys and 8% of the girls always used condoms. About 16% of the girls were infected with chlamydia and had never been treated.

"STDs are a big problem in these kids," MacDonald said. "We need resources and interventions that are designed specifically for them. Right now, there are no centres just for this population, and the kids won't go to the drug and alcohol centres that exist because they don't meet their needs."

Why do people become homeless?

People do not become homeless because of individual decisions, drug or alcohol addictions, or mental and physical disabilities, a man who has worked on poverty issues in Third

It takes patience to treat the homeless

Dr. Robert Heyding, who has treated the homeless of downtown Toronto for the past 10 years, says physicians face major barriers when they try to provide care for members of this growing underclass. For instance, how do you relay the results of a laboratory test if you don't know where the patient lives, let alone her phone number?

"I define homelessness in a medical way," Heyding said during a workshop on the homeless held earlier this year. "I saw a woman who had an unusual rash on her foot. I didn't know what it was. I knew that she worked as a prostitute and one of the tests that seemed reasonable was for syphilis. It came back 5 days later, positive. But I couldn't find her. So my definition of homelessness is somebody that I can't find within 4 or 5 days because they are so transient."

Heyding recounted some of his experiences treating homeless women. "Staff at 416 [a drop-in centre for women] or Street Haven [a women's shelter] may have a patient they want me to see and that patient doesn't want to be seen. She might be afraid of doctors, afraid that I'm going to make her undress, that I'll take away her bags, that I'll stick a needle in her. One of my patients has three major medical problems: a psychotic disorder, diabetes and hypothyroidism. Her diabetes and hypothyroidism were out of control, but I couldn't treat her because her psychotic condition kept her from requesting treatment. She finally found a place to live at Street City [a women's shelter], and she is doing much better. She takes medication for her psychotic illness and we are able to treat her other medical problems because she is willing. Once you find permanent housing for these people you can start to do something medically."

Another barrier is that many homeless people don't have a health-insurance card or use the wrong number. "If I send the wrong number out, a few weeks later I get a note back saying 'no match,' " said Heyding. "This means I don't get paid, my lab doesn't get paid and the specialists that I refer my patients to don't get paid. That's a big barrier. [But it also] limits me in terms of referral, it limits me in terms of some tests that I want to do. Getting valid cards for homeless people is a real chore."

Finding specialists who will see homeless people is a sizable hurdle. "You have to find ones who don't mind having people come into their waiting room and disrupting it. I have a stable of specialists who see my patients, and I finally found a dentist who is just wonderful. The women I send to him don't mind seeing him and he sees them quickly and treats them compassionately."

World countries, including Bangladesh, told the workshop. They end up on the street because of inadequate income, not enough affordable, supportive housing and a lack of adequate social services.

"Social-service employees and other caregivers often mouth the most common myths, that the homeless just made the wrong choices in life," said Beric German. "If you don't have enough money, it's your fault. If you are an addict, you just have to make another decision and all will be well. What this mythology doesn't explain is that different people are making decisions from different positions in society and under a hundred different circumstances. It is quite a different matter to be making decisions from a managerial level, receiving a good income, than to be making a decision when your income, and thus your options, are very limited."

German said homeless people travel from one group of strangers to another. "It is easy to lose yourself or your mental health in the hostel system," said German, who was homeless for a time as a youth in Toronto and now is involved in research on how to prevent AIDS transmission within the homeless population.

The routine in hostels does not develop or maintain social skills, he warned, but breaks them down. And if a person didn't have a drug or alcohol problem upon arriving at a shelter, the problems might develop in the hostel atmosphere.

He opposes the common practice of barring alcoholics and drug addicts from shelters because of their substance-abuse problems. "Addictions or habits which are coping mechanisms are not easily dealt with by just saying no. In adults they may be habits that cannot be fully reversed — some people just cannot shake addictions and may continue to drink or take other drugs the rest of their lives, and barring them from housing or hostels because they do this will not deal with the issue. They didn't start to use alcohol or drugs in a vacuum, and they won't stop in a vacuum either."

Barring someone from a shelter because of alcohol or drug use can be a death sentence. This apparently was the case when a man was found frozen to death under a Toronto expressway in 1995. "He looks like he may have been a victim of such ideas," said German, "because the last housing this man had was a dry house where they did not allow alcohol. There have to be wet houses and wet hostels."

German said people have a responsibility to speak out on behalf of the homeless. "We are seeing terrible crimes wreaked against poor people," he said. "We are developing chronically homeless people. We should speak out and say so." ■

Incarceration is another barrier. "At least 33 of the 187 homeless women in my little sample have been in jail at some point during the past 2 years. Homelessness goes along with violence, prostitution and drugs. People get charged and put in jail. I might be treating somebody for something and she disappears. Turns out she's in jail, but they don't know that I've been treating her. Or if she comes out of jail, I don't know what treatment or tests she received there. The communication between medical facilities and detention centres is not that great."

There were 13 pregnancies among his sample of 187 homeless women; none got normal, comprehensive antenatal care. Of the 13, 2 had therapeutic abortions and 9 gave birth. Eight of those babies were apprehended by the Children's Aid Society. One woman still has her baby because she is in an institutional setting, but if released into the community she will probably lose custody.

Preventive medicine is very difficult to promote among the homeless, Heyding commented. "We try to get flu vaccine for everyone. We do TB tests on as many people as we can. But we are not able to do other kinds of preventive care that women should have. We can't do mammograms. If they have very high blood pressure, we may be able to do something about it, but if they are borderline they won't comply with treatment."

Another formidable barrier is mental illness. "Of the 187 women in my sample, I can't think of one who does not have a mental-health problem of some sort, if you include drug use. I know that 51 of those 187 women use crack cocaine, and at least 14 are heavy users of alcohol.

"Alcohol and drug addiction are major problems and interfere with my ability to take care of the physical problems, over and above the medical problems caused by the addictions themselves. We had one woman die of cardiomyopathy from cocaine, and another one die in an accident while intoxicated. And if I try to set up treatment for something else, like asthma or chronic bronchitis or TB, these addictions get in the way."

Even though drop-in medical clinics are available, most of the homeless use hospital emergency rooms for routine care. One recent study in Toronto found that 54% of that city's homeless population had used an emergency room in the last year, and 25% had been admitted to hospital — which may reflect an effort on the part of medical personnel to shelter the homeless while they are even more vulnerable due to illness. The high proportion of hospital admissions may also result from the large number of homeless people requiring psychiatric care.