

COVID and the vulnerable.



Aucklanders

Helping

Aucklanders

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Auckland City
Mission
Te Tāpui
Atawhai

#longcovid2022



Health conditions & mental health facts.

Poor Healthcare is a major cause of Homelessness

- Rough sleepers die nearly 30 years earlier than their housed counterparts
- 171 deaths reviewed by the NZ Coroner's from Jan 2008-June 2019 of "no fixed abode" identified 87% male; mean age of death 45.7 years (average death by accident and suicide was 36.4 years).
- Causes of death were natural- 42.6% predominantly cardiovascular (n=33); followed by infectious diseases. Suicide was nearly one third of the deaths (n=49) whilst 19.2% were accidents involving cars or pedestrians; falls; fire or drug overdose. Seven were homicides.

Health conditions- Random mental health facts.

Poor Healthcare is a major cause of Homelessness

- 75.8% of deaths were considered amenable to timely and effective healthcare intervention.
- In New Zealand, the coroners' inquiries have revealed that 73.4% of homeless people who committed suicide were diagnosed with mental health issues- mainly from drug and alcohol and depressive mood disorders. However, the proportion of homeless people treated for psychiatric disorders was less than half (46.9%). In addition, there was only evidence of recent health professionals in under a quarter of cases (24.4%). In the majority of cases 40.8% the final contact was one-year or more ago and 22.4% of homeless people had no contact with any health professionals.

Health conditions- Random facts.

People who are rough sleepers:

- Australia identified 11% of people presenting to homeless services identified health-related reasons for seeking support. However further assessments identified:
 - 73% of clients had mental health issues,
 - 39% with medical issues; 30% with problematic drug or substance abuse whilst 1
 - 3% with problematic alcohol use



Health conditions- homeless versus housed.

Homeless		Housed
18%	Diabetes	9%
50%	Hypertension	29%
35%	Heart attack	17%
36%	Hep C	1%
49%	Depression	8%
58%	Substance abuse	16%
20%	Significant mental health issues	5%

Mission & COVID

- Calder works in a trauma informed care philosophy with maximum inclusiveness. We understand our population and their needs and work to establish services that work for the population. Our biggest barrier is funding what we would like to do.
- The current funding model works against the trauma informed care our street whanau need as they have huge unaddressed health needs



Mission & COVID

- Work done in the community – synopsis of 10 weeks
- 50 approaches;
- 980 vaccinations;
- 1200 swabs;
- Resulted in 84% street whanau vaccinated.



Health conditions & long COVID

Impact of COVID on street whanau

Emerging research coming out of the Covid pandemic is highlighting the heightened risks people experiencing homelessness face that lead to post covid complications. Not only are they at increased risk of contracting Covid but also that they are more likely to be adversely affected with long covid as a result.

As outlined previously, people experiencing homelessness often have a lower life expectancy due to major underlying health conditions that put them at greater risk of hospital admission if they develop COVID-19.

Although length of stay following evaluation in ED is often shorter than that of the general population, readmission rates are higher for PEH which further indicate the risk of long covid are impacted by the very socioeconomic factors that contribute towards their initial risk.

Lack of sleep, malnutrition and extreme stress levels just to meet their daily needs alone weakens the immune system making People experiencing homelessness incredibly vulnerable to the Covid-19 virus and the continued experience of these factors contributes towards continued experiencing of symptoms that is Long Covid

RISK FACTORS

“Stay home when you are sick, wash your hands frequently, talk to your medical provider if you are feeling ill” is what is being asked of us during this pandemic - however what do we do when we don't have a home to go to

People experiencing homelessness not only have a set of challenges that make it really hard to do what has been asked by Health organisations but also face the health challenges that being homeless creates for them on a daily basis

Preexisting Tri morbidities (preexisting physical health, mental health and addictions) further increase their risk of prolonged Covid symptoms

- lack of safe housing
- inadequate access to healthcare- or lack of drive to access primarycare due to perceived risk
- difficulties following public health guidelines due to large scale closure organisations and facilities
- Closure of public facilities leading to reduced access to toilets and sanitization facilities for basic hygiene
- closure of regularly attended support services increasing pt isolation and creating further
- heightened risk for comorbidities including chronic diseases, mental health issues, and addiction and often at a younger age all contribute to multiple representations to ED with covid symptoms long past their infectious period

Covid-19 impact on PEH

Street populations have been disproportionately affected by the Covid pandemic with the health consequences far reaching beyond those of just infection and illness from COVID-19.

With the constraints on international travel and freedom of movement interrupting their means of income, in addition to interruption of alcohol and drug supply chains this can further create problems with trimorbidity leading some persons who use drugs to shift from using their preferred substance to potentially more dangerous substances.

increasing costs and reducing access to normal means of living and supports further exacerbates a Person experiencing homelessness health status

Increased rates of petty crime leading to arrest and incarceration has increased Dept of Corrections populations

Additionally, as a result of the economic consequences of the pandemic, loss of business and temporary work opportunities along with growing rates of domestic violence, and the release of prisoners from Institutions without social support or housing options has further created an increase in the Homeless population

However, it has not all doom and gloom.

Homelessness is not a defining trait of an individual, but rather a state that is experienced, that is often transitory and as such can be amenable to interventions.

Since the initial Covid-19 lockdown initiatives have been placed that coincide with the lockdown

As a direct result of Covid funding for more warm, safe housing in hotels and hostels has meant that more PEH have had access for housing when they otherwise would not have

Access to Managed Isolation facilities when Covid positive have further allowed for a sense of relief to recuperate

AUCKLAND CITY MISSION supports during lockdown

Auckland City Mission has contributed towards providing access to ongoing supports during the Covid lockdown

- food parcels
- welfare checks
- Managed isolation placements
- Access to healthcare via Calder centre-drop in clinics
- Access to RAT testing
- Access to medications via Hobson Street Pharmacy collaborative

Ways to improve Covid-19 Supports via Auckland city mission going into next wave of covid

Surveillance screening for our population accessing Auckland city mission services would assist in recognising people with long covid due to continued symptoms that often coincide with normal everyday health issues they experience

Would also reduce contact tracing for those outside of usual social groupings

Continued supports required with mental health services with better access during times of non face to face consults

Increased rates of homelessness as result of covid restrictions means that potentially people are being exposed to risks associated with being homeless without the coping mechanism and resilient abilities that the homeless population incorporate to survive

Wider services integration required that would incorporate a holistic wrap around service that is directed by the users needs and is user friendly

Greater transparency of services available in the wider communities would reduce confusion and ensure seamless integration

But most importantly recognition and continued acknowledgement within health and social policies of the disenfranchised populations as higher risk

FUNDING TO CONTINUE.....