

ELECTIVE (SSC5b) OBJECTIVES

Please write out your submitted objectives below

OBJECTIVES SET BY SCHOOL

1 Describe the pattern of disease/illness of interest in the homeless population of Hawaii and consider this in the context of global health

During my time with the H.O.M.E. project, I saw a range of conditions, from acutely unwell patients requiring nebulisers for COPD exacerbation to chronic diseases such as diabetes or recurrent dermal wounds. Although there was a large overlap with the things we see in primary care in the UK, I feel certain presentations were more common amongst the homeless population in Hawaii. For example, a large proportion of presenting issues related to wound care. Factors improving healing such as good nutrition, absence of smoking and sun protection are often lacking in this population. As these are modifiable, some measures can be taken with regards to patient education and access to services which may improve outcomes. I have seen this in practice during my attachment to with the H.O.M.E. project when students have counselled patients about smoking cessation.

I noticed that patients attending H.O.M.E. clinics often had multiple co-morbidities and often, this included a psychiatric condition. Of the patients I spoke with, it appeared that in most cases, the psychiatric condition pre-dated being homeless. However, I appreciate that being homeless in itself may lead to problems such as depression, or exacerbate existing issues. Additionally I noted the high prevalence of substance use amongst clinic attendees and was pleasantly surprised at how open and honest patients were about their drug use. This reflects good patient-physician relationships and perhaps also the attitude of the local people.

In the context of global health, I noticed that the homeless population travels frequently, particularly between Hawaii and mainland USA and also around Honolulu because of sweeps. Therefore, similar to global health issues in migrant populations, consideration must be given to communicable diseases. Particularly at clinics held at family shelters, tuberculosis screening forms a large component of the work done by the H.O.M.E. project. Given the living conditions of these patients and their access to nutrition and hygiene facilities, infectious diseases are particularly important.

2 Describe the pattern of health provision in Hawaii and contrast this with the UK

There are some stark differences between health provision in Hawaii and the UK. The biggest of these being that the USA uses an insurance based system whereas we have universal healthcare in the UK. I feel this has a large impact on access to healthcare, so much so that in the UK, there would not really be a need for a service like the H.O.M.E. project because the homeless population can access healthcare similar to everyone else.

From a medical education perspective, students and doctors in Hawaii need to be aware of the insurance system, for example, the different providers and what each type covers so that

they can consider factors such as copay for prescriptions. In the UK, we do not need to learn about any of this aspect of health economics and so I feel we are more able to focus on learning the clinical components. It was also interesting to learn about the different centres, for example, Kaiser, who provide all the care in-house and expect high patient satisfaction scores from each of their physicians whereas other providers expect the patient to source their own specialist.

I noticed that the students at H.O.M.E. clinics document the cases very thoroughly, with more detail than I was ever taught to, for example recording lot numbers, expiration dates and extensive safety netting advice. This may reflect the nature of the system in which they are being trained to practice in.

I was also quite taken aback when I saw 'Homelessness' listed as a diagnosis on a patient's hospital discharge summary. In the UK, I would expect this to be covered in the social history but have never seen it as a diagnosis. Some of the other students explained that this was so the patient could access a case worker. Speaking to the patient, she felt judged once the healthcare provider found out she was living at the shelter. This concept of 'felt stigma' is an interesting one and reminds me of the attitude towards frequent attenders to the Accident & Emergency department in the UK. It can damage the patient's view of healthcare professionals leading to them to withdraw from services and ultimately being a detriment to their health. Fortunately, the patient I saw was still willing to engage with treatment from H.O.M.E. project.

OBJECTIVES SET BY STUDENT

3 Consider the role of public health in addressing the mental health needs of the community and compare this to the homeless population in the UK

I feel public health has a role in tackling the stigma associated with mental health conditions. During my time in Hawaii I have not seen any such campaigns although I have been pleasantly surprised at how forthcoming patients at the clinics have been about discussing their mental health. In comparison, in the UK, I have seen many campaigns, including the 'Heads Together' initiative supported by the Royal Family although this is not specific to the homeless population. Prior to my time with the H.O.M.E. project, my main knowledge of psychiatry within the homeless population was through participation in a psychiatry summer school in which I learnt about a service in London which delivers psychiatric care out on the streets although this is limited to a small area. In both Hawaii and London, there were similar issues about follow-up care due to the lack of a permanent residence of the patient. One major difference would be that in London, the patients would be seen by a psychiatrist who could prescribe medications as needed.

Having previously conducted research into the cognitive effects of psychiatric diagnoses, during my time at the H.O.M.E project, I considered how difficult the USA healthcare system is to navigate, particularly as insurance may need to be renewed annually or certain physicians may not accept patients with certain insurance cover. To compound this with the cognitive

impact of some mental health conditions such as schizophrenia, it is possible that those in most need of psychiatric and housing services are those who find it most difficult to access them. This is a public health issue in that, although it is a small risk, a patient who is hearing voices may act on hallucination demands to harm another person, but more likely themselves.

During my time in the USA, I have noticed advertisements on TV, the internet and on billboards for medications such as antidepressants. This was very unusual for me because pharmaceutical companies are not allowed to market directly to patients in the UK. An attending doctor at the River street clinic did a teaching session on the trend towards individualised care and shared decision making. The fact that such advertisements exist is likely to influence conversations regarding shared decision making and are therefore a public health issue. I see how they may help patients to be more informed about treatment options but they need to be tightly regulated so as to be as unbiased as possible.

4 Reflect on the practice of regular clinics at various sites and the impact this has on access to healthcare

Having the clinics at the same sites on a regular basis facilitated continuity of care and established the H.O.M.E. project within the community. Seeing patients return, especially for wound care, was good to see as was being able to see the gradual clinical improvement.

As the clinics cover various parts of the city, this improves access to healthcare. These are well placed, for example at shelters, so that patients do not have to travel far. This is important as transport can be a limiting factor in access to healthcare. Similarly, the fact that patients can be seen even if they do not have insurance greatly boosts access. Having social workers at some clinics is an added bonus as they can share their expertise on housing and obtaining insurance.

There are also collaborative efforts with other organisations. For example, at the River street clinic, there are links with the needle exchange programme. The forthcoming H4 project should facilitate further collaboration and reduce the pressures on emergency rooms.