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Reducing Hospital Discharges Back into Homelessness

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Introduction

There are increasing calls in Australia to prevent exits into homelessness from government institutions, particularly hospitals and prisons. The recently published Australian Productivity Commission Mental Health Inquiry Report recommended that:

The cycling of people in and out of hospital at great personal cost and cost to taxpayers, should be addressed. Emergency departments — or alternatives — should be adapted to work for those experiencing mental illness, *and hospital discharges into homelessness should be avoided*.[1]

The recent Victorian Royal Commission on Mental Health made a similar recommendation.[2]

Reducing hospital discharge back into homelessness is one of the core objectives of the Royal Perth Hospital (RPH) Homeless Team and in this article we describe some of the strategies used to achieve this. This draws on data collated by the team and the ongoing evaluation of the RPH Homeless Team being undertaken by the University of Western Australia (UWA) Home2Health team.

About the RPH Homeless Team

As an inner-city hospital, RPH sees a large proportion of Perth's homeless community, especially those who are street present. The

RPH Homeless Team commenced in June of 2016, based on the United Kingdom (UK) Pathway model now present in almost a dozen hospitals throughout England.[3] The RPH Homeless team is a partnership between the hospital and Homeless Healthcare GP practice, WA's largest provider of primary care to people who are homeless. The core element of the team's work is hospital in-reach from General Practitioners (GPs), nurses, and case workers. They bring a strong focus on person-centred care plus connecting people to accommodation, housing, primary care, and other community supports. The RPH Homeless Team also seeks to provide advocacy for homeless patients and facilitates better discharge planning and patient follow-up.

Housing and Homelessness Situation of People Seen by the RPH Homeless Team

The patient population seen by the RPH Homeless Team (mid 2016–end 2020) is highly marginalised, with 71.8 per cent being rough sleepers (sleeping on streets, in parks, or in cars — see Figure 1). A further 7.6 per cent were staying with family or friends, often couch surfing. A small proportion of patients seen by the Homeless Team (7.9 per cent) were previously homeless but now in long-term housing and were ongoing patients of HHC GP practice.

Strategies to Prevent Discharge into Homelessness

There is overwhelming evidence about the importance of safe and secure shelter in achieving and sustaining good health. For patients experiencing homelessness, this is particularly crucial given the overwhelming levels of multi-morbidity experienced amongst this cohort[4] and the added difficulty of effectively recovering while sleeping rough in unsuitable conditions on the street. Securing safe and appropriate accommodation upon discharge is therefore vital for continued recovery and serves as an opportunity to connect to long-term support.

The Homeless Team's caseworkers and peer worker achieve this by:

Investigating short-term refuges and other crisis housing options such as Tom Fisher House (rough sleeper respite).

Utilising brokerage funds to pay for nights in short-term accommodation such as backpackers, hostels, budget motels.

Supporting people with accommodation applications, and priority listing for public housing.

Addressing barriers to housing and accomodation such as lack of ID documents, contact information,, identifying supports needs.

Figure 2: How RPH Homeless Team connect people to accommodation

Early collaborative discharge planning and enhanced care co-ordination for patients experiencing homelessness is important in securing accommodation upon discharge, but in practice this is heavily impacted by the availability of suitable short-term accommodation and the current shortage of public housing options or private rentals in metropolitan Perth and wider Western Australia.

For the RPH Homeless Team, access to brokerage funding has been vital for securing short-term accommodation and other incidentals for patients experiencing homelessness to avert their discharge back to the street or to unsafe accommodation. This has been possible via funds over the last four years from the Homeless Discharge Facilitation Fund Project funded by the WA Department of Health. The brokerage funds have been used predominantly for short-term accommodation (86 per cent of funds in 2020),[5] but also train tickets and flights to return people to where they come from. Bus or taxi vouchers ensure patients reach accommodation safely.

Have Discharges to the Street Been Prevented?

The ability to discharge patients into accommodation can act as a critical circuit breaker to recurrent ED hospital attendance, and provides an important 'stepping stone' between hospital discharge and connection to longer-term support services and accommodation.

Overall 72 per cent of homeless patients were rough sleeping on first contact with the Homeless Team (Figure 1) in the 2019–2020 period but only 32.8 per cent of episodes of care resulted in discharge back to rough sleeping.

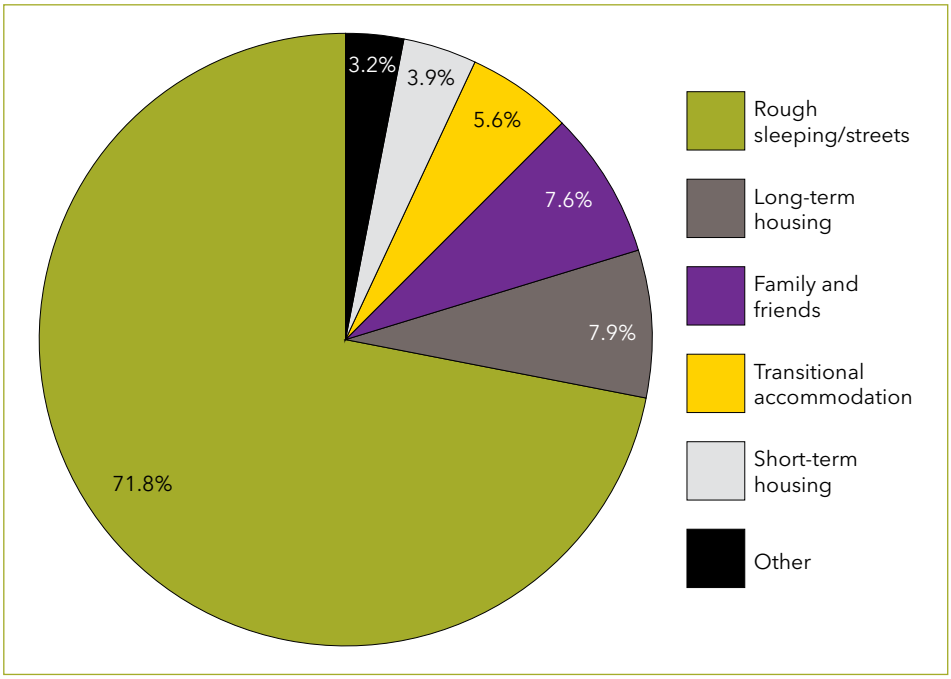

Figure 1: Housing situation of patients when first seen by RPH Homeless Team (mid 2016–2020)

More than half of these discharges to the street due to the lack of an accommodation option.[6] Over the same two-year period, short-term accommodation such as backpacker hostels, motels, and crisis accommodation were the most common discharge locations for patients supported by the Homeless Team (26.8 per cent).[7] Supporting people to negotiate a place to stay with family or friends was also common (11.2 per cent of discharges), followed by transitional accommodation (4.9 per cent).

> *A patient didn't have any money to pay for accommodation and was looking for employment. This was affecting their mental health and triggering suicidal thoughts. RPH Homeless Team facilitated and funded accommodation for sufficient time to allow the patient to be safely discharged, and while supported, found employment to fund his own accommodation.*
>
> — RPH Staff Member

While hospital discharges to short-term accommodation may be viewed as a 'temporary fix', our evaluation shows that such support can help to break the cycle of rough sleeping and hospital re-presentation, acting as a 'stepping stone' to longer-term support and accommodation services.[8] Between 2018 and 2020, the RPH Homeless Team provided 542 instances of brokerage support to patients experiencing homelessness, with 385 nights of short-term accommodation secured between June and December 2020 alone.[9]

Importantly, these strategies are having the intended impact on hospital presentations. To illustrate, for a subset of 88 RPH patients supported by brokerage funds in 2020, there was a 37.2 per cent decrease in ED presentations in the two months following support, compared with the two months prior, and a 35.3 per cent decrease in admitted inpatient days. Applying the average cost for WA public hospitals of an ED presentation, ($861),[10] and inpatient admission, ($2,722),[11] this equates to an estimated cost saving of almost $294,000 via reduced hospital attendances.

Case Study

Background

Brian* is a 60-year-old male who had been sleeping rough for 12 months after estrangement from his family. This led to a deterioration in his mental health and heavy drinking. Over a 14-month period Brian presented to ED 13 times for mental health, cardiac and alcohol related issues, and had 15 hospital inpatient days. The cost to the health system equated to over $52,000.[12]

Support provided

The RPH Homeless Team first met with Brian in the ED and supported him during a subsequent inpatient admission. They worked collaboratively with ED staff, a hospital psychologist and the RPH Alcohol Other Drug (AOD) team to ensure a solid transition plan from hospital that connected Brian with community and support services. On discharge, brokerage funds were used to secure Brian a few nights of accommodation at a budget hotel where he was visited by A Homeless Healthcare GP and support worker and assisted Brian with referrals to Next Step to assist with his management of alcohol cravings, and to a men's accommodation Lodge.

Current situation

Brian continues to see a Homeless Healthcare GP and Next Step. He is now residing in supported accommodation for people who have been homeless and who have mental health/AOD issues and has a case worker. Brian has not represented to hospital since.

** Name changed for anonymity*

Intermediary accommodation options, at an average of $88 a night, cost a fraction (0.03 per cent) of the hospital bed cost and are increasingly vital given long wait times for public housing in WA (waitlist currently > 17,000 applications and ~34,000 individuals) and for suitable supported and transitional accommodation facilities over the last two years.

Conclusion

The reduction in discharges of homeless patients to the street facilitated by the RPH Homeless Team via its use of brokerage funds is important and significant. However, the most effective intervention for improving the health of the rough sleeping population is rapid access to long-term housing coupled with individually tailored wrap-around support. Given our inability to provide these in current situation of dire shortages of social housing, affordable rental accommodation and supported mental health facilities, the RPH Homeless Team model and brokerage strategy offers a practical intervention to reduce hospital discharges to homelessness and improve connection to community homelessness services.

Endnotes

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