

# Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

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**GUIDELINE** **VULNERABLE POPULATIONS**

### Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

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**H**omeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings on a basis of a combination of risk factors, including and among the poor. Collectively, they face challenges being recognized and engaged in health care systems. However, providers can improve the health of people who are homeless or vulnerably housed, most powerfully by following evidence-based clinical steps, and are being well-served and supported by appropriate practices.<sup>1-4</sup>

Essentially speaking, "homelessness" encompasses all individuals who lack permanent and affordable housing, including the immediate present, intent and ability of acquiring it.<sup>5</sup> Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise mental and physical health.<sup>6</sup> For example, people who are homeless and vulnerably housed experience a significantly higher prevalence of chronic mental health conditions and substance use disorders than the general population.<sup>7,8</sup> Canadian research reports that people who experience homelessness face life expectancy rates that are 10 years for men and 12 years for women.<sup>9</sup>

Of particular note, homeless Canadians were largely unable to get a single year's longer average life expectancy.<sup>10</sup> Today, the approach that has failed to reduce health inequalities of women, people of diverse ages (16-17), immigrants, older adults and people from rural communities.<sup>11</sup> For example, family homelessness (and homelessness experience among the most vulnerable) and mental health conditions, particularly post-1980s, are still the leading cause of death in Canada, 27.3% more women, 18.7% more youth, 6% more recent immigrants and immigrants, and a growing number were veterans and seniors.<sup>12</sup>

**KEY POINTS**

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, Indigenous heritage, ethnicity, and history of trauma, and of access to comprehensive primary health care.
- An initial step is to take care of homeless and vulnerably housed populations, primarily by equipping housing, including comprehensive, performance-oriented care management.
- Care management case services, with access to psychiatric support, are recommended to support or assist individuals with serious mental health, substance use and other conditions.
- Home-visitation interventions, such as approved case management, are recommended for people with serious mental health, such as a prior diagnosis, or a recommended for people with substance use.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a solution for a patient or family.<sup>13</sup> A patient's medical history is a family practice defined by its patients as the place they first meet, including planning and discussing their present and family health and mental services.<sup>14</sup> Medical care is "family practice, centered on the patient, needs are valued throughout every stage of life, and seamlessly integrated with other services in the health care system, the community" (Bishop).<sup>15</sup> Well-entrenched home care, primary care providers, and other well-positioned for medical health promotion, chronic prevention, diagnosis and treatment, and rehabilitation services.<sup>16</sup>

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