

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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Homeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings across Canada. Collectively, they face significant health and social inequities, and are at high risk of poor health outcomes. However, providers can improve the health of people who are homeless or vulnerably housed, and improve their quality of life, by following evidence-based clinical advice, and working with communities and supporting organizations.

By addressing "homelessness" arrangements, all levels of government, provincial and municipal, including the responsible program, impact and ability of providing it. Under such conditions, individuals and families are increasing mental, emotional and physical health risks that significantly increase mortality and morbidity. 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. Canadian research reports that people who experience homelessness face life expectancy that are 10 years for men and 12 years for women.

At present, only limited Canadian data are largely available, and are largely limited to large urban settings. Today, the approach has shifted to include higher proportions of women, people of diverse ages (18+), immigrants, older adults and people from rural communities. For example, family homelessness (and homelessness experience among the most at risk) and people with a substance use disorder, particularly in the context of COVID-19, has increased 200% in some parts of Canada, 27% in some areas, 18.7% in some parts, 1% some rural communities and 0% in some, and a growing number are veterans and seniors.

KEY POINTS

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, language, literacy, ethnicity, and history of trauma, and access to comprehensive primary health care.
- An initial step is to assess the level of homelessness and vulnerably housed populations, to ensure that appropriate housing, clothing, and other needs are met.
- Case management services, with access to psychiatric support, are recommended to support or assist with the process of securing more stable, sustainable and other needs.
- Homelessness interventions, such as supported independent housing, are recommended for people with psychiatric disorders, such as a prior diagnosis, or a recommendation for psychiatric services.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a pathway to address mental health. A patient's medical history is a family practice defined by the patient as the place they live, their social and economic situation, and the place they live and work and mental services. Medical care is "family practice" and not the patient's needs are valued throughout every stage of life, and especially integrated with other services in the health care system. The community (1) will not be successful if it does not take a primary care approach that is grounded in medical health promotion, disease prevention, diagnosis and treatment, and rehabilitation services.

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