

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 on basis of a combination of risk factors: individual and societal factors. 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.¹⁻⁴

Essentially speaking, “homelessness” encompasses all individuals who lack permanent and affordable housing, including the immediate prospect, intent, or ability of acquiring it.⁵ Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise mental and physical health.⁶ 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.^{7,8} Canadian research reports that people who experience homelessness face life expectancy that are 10 years for men and 12 years for women.⁹

Of particular note, homeless Canadians were largely unable to get a single year’s long-term care.¹⁰ Today, the approach might be shifted to include higher proportions of women, people of diverse ages (18+), immigrants, older adults and people from rural communities.¹¹ For example, family homelessness (and therefore homelessness among dependent children) and conflict in residential, particularly post-2015, in 2015, and the related 2015-2016 homelessness in Canada, 27.3% were women, 18.7% were youth, 6% were racialized immigrants or migrants, and a growing number were veterans and seniors.¹²

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 violence, 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 to bring comprehensive, person-centred attention to their requirements.
- Case 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 illness, such as a prior diagnosis, or an assessment for psychiatric admission.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a platform for a shared medical home.¹³ A patient’s medical home is “a family practice defined by its patients as the place they first seek care, including planning and discussing their personal and family health and medical concerns.”¹⁴ Medical care is “health care that, instead of the patient, results are valued throughout every stage of life, and seamlessly integrated with other services in the health care system. It is normally” (1) well coordinated, (2) primary care is provided, and (3) when well positioned for medical health promotion, disease prevention, diagnosis and treatment, and rehabilitation services.¹⁵

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