

Young homeless people on healthcare

The views of the National Youth Reference Group

Introduction

The Queen's Nursing Institute's Homeless Health Project visited the St Basil's Charity in Birmingham in January 2015 and held a focus group session with the National Youth Reference Group, a group of young people with experience of homelessness.

Ten young people from across the country came to attend the session and talk to the QNI about being homeless and their positive and negative experiences of healthcare and what they would like to see in the future. This document captures their views.

The value of health

The QNI wanted to learn from the group what keeping healthy meant for them and how much value they put on their own health and wellbeing. Although individually they placed other things above their own health, they agreed collectively that they valued their health above all else. Others highlighted the critical role of the NHS to maintain population health in the future and expressed worries about spending cuts and how this may threaten the service. They especially identified how important services were for people who were homeless and how it was crucial that services were maintained and sufficiently resourced.

"You need the right health service to get good health. The health service is more important than my personal health because without the right service my health doesn't benefit."

"The NHS is being cut so dramatically. Less time to see doctors. Time is money and more money cut means more time is taken. I have increasingly noticed through my own experiences and friends, doctors are prescribing things a lot faster. Sometimes this drug may not be the best for some people. We should fear this change because it will be our children's children that will suffer and the consequences will be devastating. Healthcare is a fundamental human right."

Positive experiences of healthcare while homeless

Positive experiences indicated by young people included moments where they felt empowered to make choices for themselves and these choices were respected, where they were treated with empathy.

"They checked blood symptoms to check me for ADHD rather than assuming and giving me medication. I had anxiety and they offered me therapy first. The doctor didn't push pills onto me. I decided myself to get pills prescribed."

Having an understanding of a young person's ability to make choices for themselves, and their health needs, and the impact that family and close relationships could have on mental health was judged to be very important.

"I visited a psychiatrist when I was 17, I told them I didn't want parents in the session and she agreed, she didn't judge me and wanted the session to work for me. She gave me a list of what do to do to help with the sleep and self-harming. I know that she's not going to tell my parents, I can pour out my heart to her."

In a disempowering and vulnerable situation, such as being young and homeless, positive health professional interaction had the potential to help homeless young people feel a greater sense of self-worth.

"The doctors and nurses who listen and look at me as a person and treat me as a normal human being. It's scary to sit in a room with a big professional who probably hasn't experienced homelessness. He was really caring. It's the person not the patient. "

Negative experiences of healthcare while homeless

Although there was a common feeling that health services in themselves were valuable, there were frustrations about many negative experiences they could recall in relation to accessing healthcare as a homeless young person. One of the most common views expressed included feelings of not being understood by health professionals and so hating the experience of visiting them. In the words of one young person "I hate doctors and medicine. I would rather go to the GP tomorrow, tomorrow, tomorrow!" In the words of another "I hate it. Doctors or whatever. I don't even have a GP." Another also said it was the "last resort" and "I don't trust it".

"[There are] a lot of broken barriers and broken trust between young people and doctors."

The QNI wanted to investigate the source for such strong feelings towards health professionals and services. Past experiences where care had been substandard, where kindness had been lacking, where communication had not been good, or where sensitivity wasn't shown, had influenced some of these feelings.

"I fell over and hurt my eye and nearly went blind. They didn't keep me in the night even though I could barely see where I was going. I think I was treated the way I was because I was homeless...When that happened I thought I was going to die. The lady at the desk shouldn't have said she wouldn't see me because I was homeless."

Another factor influencing negative feelings towards health services by the young homeless people in the group was frustrations about the difficulty in accessing medical records, particularly if someone is homeless.

"If you are in an emergency there is no medical history so it makes it difficult for doctors to treat you."

A theme that pervaded the discussions included a distrust of prescribed medications, which further led to young people distrusting services. Many of the young people recounted instances where prescribed medications had made them either directly feel worse, or had contributed to a more negative perception of healthcare. This seemed to apply even more to those treated with prescription drugs for their mental health.

"When I had a severe reaction, and was vomiting and passing out everywhere, not one nurse came out in the waiting area to help me. They watched and walked past. Doctor advised to keep taking them. The pills were killing me mate."

"I took prescribed Valium and went on my normal walk and forgot where I was. I have to now go into auto save mode with my memory. I'd rather take therapy and break stuff rather than take medication."

"I was on Diazepam on repeat prescription which I shouldn't have been because it was so addictive. I remember I had one doctor look at the amounts I had and instantly accuse me of drug dealing, faking illnesses and flogging Valium on the black market. For someone who suffers anxiety that put me in a worse state than I was in before."

Advice to clinicians working with homeless young people

The QNI asked the group what advice they would give to health professionals working with young people who are homeless. Various themes emerged:

Communicate well

"If they saw a poster of a young person with a success story, they would be more likely to tell you the truth on the form. It's not just about the form and the questions; it's about how you advertise it."

"In every job you need to know how to speak to people"

"If you want to help people on an emotional level, talking to people in the hospital is a good way to start."

Keep the patient safe

"When you are in the waiting area of the doctors, when someone is homeless there is a certain aura about them, the doctor calls your name [and] the people in the waiting room know my name, and they know that I am homeless and vulnerable. And I would feel [like] a target."

Develop understanding

"Not lack of care from the doctors or lack of knowledge but lack of understanding."

"When you hear hooves you always expect a horse, but you should expect a zebra." (About understanding the person in front of you and the way their condition affects them)

"Passion and a bit of personal experience. I am getting a job as a support worker for young carers as I used to be a young carer so I can engage easily and offer solutions, so if a nurse had the same first-hand experience of sofa surfing or being homeless."

Have compassion and passion

"Taking the job seriously and not doing it because they have to."

"Within the care sector or medical sector you have to have a passion, and the moment you lose it you should leave because not having that level of care could put other people's mental & physical health in jeopardy. Your aim should be to better a person's life, not make it worse. A smile won't kill."

"Ask questions that you need to know and not questions you want to know, and treat everyone as you would want someone you love to be treated. Anything small to make that person's life better, a lot of things that don't even cost you."

See the bigger picture

“When I was younger and I was going through substance abuse [cannabis] and I told my doctor and that was it, my only problem was seen as substance abuse. They see it as one issue and just focus on that issue.”

Screen for disease

“Would it work out cheaper to blood test at first contact to screen for any problems at the beginning compared to further down the line.”

Be culturally aware

“It’s more the knowledge of certain cultures and certain religious, I was in hospital with my sister and a nurse wouldn’t let me in to see her because she said she had her head scarf off so was naked. Some nurses have the wrong knowledge around certain religions and culture. That troubles me. We are trying to become more of a multicultural society so it’s important.”

Take a non-judgmental approach

“It would be helpful to know I am not going to be placed in a category [and to know that] nothing I tell them will be used against me, as I think, ‘will the truth affect me - should I leave that question blank?’”

Questions health professionals should ask young homeless people

The National Youth Reference Group told the QNI what kind of questions health professionals could ask young people who are at risk of or who are experiencing homelessness. Different topics were discussed, and this (along with other feedback) was captured and has helped to inform the development of the QNI’s Health Assessment Tool (HAT 2015) – assessment questions that community nurses can use when working with homeless people.

How can I help?

“Asking why they have come and how they can help”

“The simple question of ‘what can we do for you and what are you looking for from our services?’ because every single one of us is different. Having doctors and nurses giving personal services would be a good boost for morale. [Asking] what can we do for you personally, shows actually maybe people do care and maybe I will use the services because they do want to help me?”

How long have you been homeless?

“‘How long have you been homeless?’ That is one of the most important questions. Illnesses can vary upon prolonged exposure, like chest infection due to sleeping rough in the cold. ‘What caused you to be homeless?’”

How are you feeling?

[Asking] how are you coping mentally and questions around mental health without saying mental health would be helpful. Emotional, physical and mental health. If you can ask this is a way without implying they are mental, that would help."

What are you drinking and eating?

"Where their food and water is source coming from as this affects their health and those are the questions that need to be asked. 'Do you need any more clothes and what clothes do you need?' It makes you vulnerable to the elements."

What is your sexual health like?

"My area is rife with HIV and syphilis; they catch something and are embarrassed to go to the clinic where they will be asked. And it is important how you ask those questions. It could be straight to the point, I am not here to judge you but for your benefit I need to know what your sexual health is like. It can be straight and to the point but as long as the person knows you are not there to attack them. If I know you are open and ask me without judgement, I am going to be honest, but if I feel there is a chance you will judge me, I'm going to lie."

Are you taking any drugs?

"It's more important to put down on a form what recreational drugs have been taken, how long you have been taking it, have you been mixing it."

"Make it clear they will not judge them on substance abuse."

What information do you need?

"Would be useful to have information on places where they can have showers or use services."

"Do they know of any local services that can help the homeless?"

Summary

Being young and homeless can expose people to a whole host of vulnerabilities. Young people are likely to be less confident, experienced or well-equipped to manage these vulnerabilities and this includes the experience of engaging with health services and health professionals. Like all of us, young people are influenced by their perceptions of the world around them and these perceptions differ from those of the professionals delivering services. If self-efficacy is low a person is unlikely to challenge professionals or ask the necessary questions to clarify understanding.

Conversely, unrealistic expectations can leave young people feeling let down by services, and being put off attending them in future. Therefore clear communication between health professionals and young homeless people are crucial about what they are entitled to - health professionals should actively aim to empower them to take advantage of their health rights. Core to all this, it is vital that professionals practice values of compassion and empathy – young people in this focus group have clearly indicated how important it is that they feel listened to, and that appointments are about their needs.

It is essential that young people are effectively engaged by health services as it is critical that young people regain good physical and mental health if they are to not fall into cycles of long term homelessness.

The QNI is thankful to the work of the National Youth Reference Group and the St Basil's charity. These organisations have helped to influence policy makers and professionals across the country to help improve their approaches to young homeless people.

Further resources

National Youth Reference Group – [Getting it Right for Young People in Health](#)

The QNI – [Assessing the Health of People who are Homeless – Guidance and Assessment Tool](#)

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