Health and healthcare needs of homeless people in Dublin

Researchers at the HRB Centre for Primary Care Research have conducted two studies examining the health and use of health services in homeless populations in Dublin.

The project utilised data from a questionnaire as well as data collected routinely from The Safetynet Primary Care Network. Safetynet was established in 2007 and provides homeless people, and those at risk of homelessness, with free access to primary care workers including GPs, nurses and drug workers. The clinics are all based in homeless shelters and food halls to allow easy access. It is supported by the Health Service Executive (HSE) and consists of 14 clinics across Ireland, although these are predominately based in Dublin.

The project was led by Dr Claire Keogh and Dr Kirsty O’Brien. In the first study they examined the health and use of health services of people who were homeless in Dublin. Within the 105 participants recruited, multimorbidity was common; with an average of five physical conditions reported per person.
The most common physical complaints were chest infections (31%), skin (52%), dental (48%), eye (31%), joint (23%), and asthma problems (21%). Hepatitis C was also common (23%). 70% of participants had at some point received a formal diagnosis of a mental health condition, including depression (50%), addiction disorder (39%), anxiety (36%), schizophrenia (13%) and bipolar disorder (6%).

Participants often used primary care services, visiting their GP on average 6.5 times in the previous 6 months.

A second study examined perceived quality of life and health service use among illicit drug users compared to non drug users in the Safetynet population.

Of 105 participants recruited, a third were current illicit drug users. The majority of drug users (60%), were currently injecting one or more drugs, and the most common drug of choice was heroin.

Current and previous drug users were five times more likely than non drug users to suffer from multimorbidity and current drug users were 4 times more likely compared to never drug users to have a lower perceived quality of life. Mental health problems were common in both groups but there was no significant difference in the prevalence of anxiety or depression between drug users and non drug users.

Overall, health care utilization amongst homeless people was high; however drug users utilised some services significantly less than non drug users (e.g., opticians, dentists and psychiatric outpatients), but utilised other services more often (e.g. phonelines such as the Samaritans and day care centres).

Overall the project has highlighted aspects of health and health behaviour that may be informative in the allocation of services for homeless people.