

AN OVERVIEW OF PSYCHIATRIC PRESENTATIONS OF HOMELESS PEOPLE TO AN INNER CITY EMERGENCY DEPARTMENT

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Background

Homeless people have higher health needs,¹ including a higher prevalence of severe mental illness than the domiciled community.^{2,3} There is evidence of significant differences in the baseline characteristics of the homeless compared with the domiciled people using hospital services. However, data is lacking in relation to the specific differences in the threshold for psychiatric hospitalisations between the two groups.

Aims

The aim of this pilot study was to identify any differences in presentation between homeless and domiciled people who were admitted to hospital under psychiatry, specifically identifying any differences in threshold for psychiatric hospital admissions between the two groups. The findings will inform a broader study across acute psychiatric units at various clinical sites in Dublin city using the Threshold Assessment Grid.

Methods

We assessed the number of homeless people who presented to the Emergency Department (ED) at a major inner city hospital, Mater Misericordiae University Hospital (MMUH) and were referred for psychiatric assessment. We then examined the socio-demographic and clinical profiles of patients admitted under psychiatry over a 10-month period, and compared the profiles of the domiciled and the homeless. Data were collected via the local electronic healthcare record system in MMUH (Patient Centre) and logbooks kept at the acute psychiatric inpatient unit at MMUH. Ethical approval was sought from the MMUH ethics committee.

Results

The ED: Of 6,076 ED presentations in one month, 101 were referred to psychiatry. Of these, 29 (28.7%) were of no fixed abode. Five of those 29 (17%) were subsequently admitted under the care of psychiatry.

Inpatients: Over a 10-month period in 2020, 122 patients were admitted to psychiatry: 38% (n=46) of no fixed abode. The majority (56.5%) were male. The median age was 39.4 (SD 13.5) years. No significant difference was found in gender or age between homeless and domiciled patients.

differences in the pattern of diagnoses among homeless people and those domiciled ($p < 0.001$).

There were no significant differences in the legal status of the two groups: 19.6% (n=9) homeless and 22.4% (n=17) domiciled patients were admitted under the Mental Health Act 2001.

There was no significant difference in duration of admission, although this was a trend towards longer admissions for homeless people (18.7 days: SD 25.9) compared with the those with homes (14.2 days: SD 17.2).

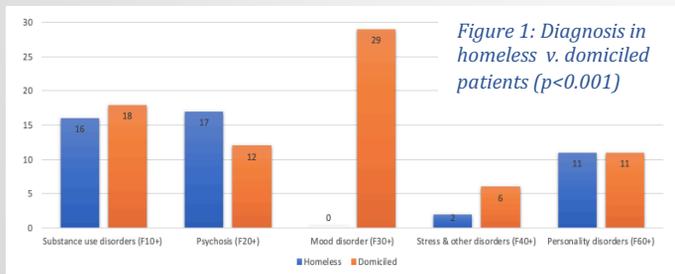


Figure 1: Diagnosis in homeless v. domiciled patients ($p < 0.001$)

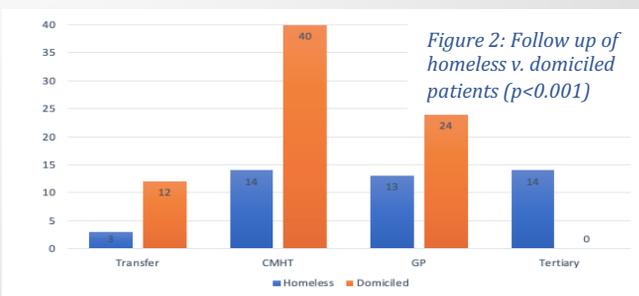


Figure 2: Follow up of homeless v. domiciled patients ($p < 0.001$)

The most common diagnosis among the homeless (figure 1) was psychosis (37%) followed by substance use disorders (34.8%), personality disorders (23.9%) Ten patients had more than one diagnosis. For 12 patients, the diagnosis was revised after hospitalisation. There were significant

differences

There were significant differences in the follow-up plans on discharge ($p < 0.001$): a smaller proportion of homeless patients were followed up by a CMHT, but a greater proportion were followed by tertiary services including the Programme for the Homeless and the Addiction services (figure 2).

Conclusions

The above data gives us an overview of the burden of mental illness associated with homelessness and suggests that psychotic disorders are more likely to require admission in this population. It provides pilot information for a broader study on comparing the thresholds for psychiatric hospitalisations between the homeless and the domiciled.

References

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