Perceived Unmet Needs and Barriers to Care Among Individuals Experiencing Absolute Homelessness in Edmonton, Canada

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Background

Unsheltered or absolute homelessness refers to individuals living on the streets or in parks, cars, abandoned buildings or in places not intended for human habitation.

While poorer physical health, substance misuse and mental health issues are highly prevalent in individuals experiencing homelessness, little is known about the service needs of this population and the factors that are associated with unmet care needs.

Objectives

Describe the perceived unmet service needs among individuals experiencing absolute homelessness

Methods

Individuals experiencing absolute homelessness were recruited from Edmonton’s inner city, adjoining parkland areas, and river valley during the winter months with temperatures averaging -25°C.

In total, 150 participants were recruited. The majority of participants were male (71.3%) and self-identified as Indigenous (74%); the median age was 42.

An adapted version of the Perceived Need for Care Questionnaire was used to measure past-year unmet needs for 4 types of services: hospital care, counselling, skills training, and harm reduction.

Results

Though 73.8% of participants reported receiving any service, only 8.1% of participants reported having their perceived needs fully met, while 65.8% reported having an unmet need. Overall, 89.9% of participants perceived a need for care for one or more general health and social services during the past year regarding their substance use and/or mental health problems (Figure 1).

Participants reported the highest levels of unmet need for counselling and skills training. Harm reduction had the highest level of fully met needs. Hospital care services had been received by a lot of participants (Figure 2).

Discussion and Conclusion

The participants within our sample reported much higher unmet needs for care relative to population-based surveys conducted in North America and Western Europe among the general population. This reflects the limited effectiveness of local outreach efforts and the difficulty in directing individuals experiencing homelessness to care.

Harm reduction services usually have a lower threshold access for individuals relative to other services, which might also explain why this is the most met need in our sample. Harm reduction services are cost-effective, easily accessible and offer many advantages to those who use the services, providing a point-of-entry into the healthcare system. Similarly, without adequate access to services which aim to prevent disease and promote health, individuals are predisposed to worse health outcomes for preventable conditions and are susceptible to more hospital admissions for ambulatory care sensitive conditions as a result.

Educational and practical components which support self-management and housing stability can be especially beneficial. Counselling and skills training can greatly reduce the psychological burden of this population and improve their health outcomes.