exercise. The issue of homelessness has gained increasing attention recently. The Queensland Health Initiative has seen the development of specialist teams to assist in providing care to the homeless.

This paper aims to inform people about the process undertaken by the Homeless Health Outreach Team to address the physical health needs, and in particular diabetes risk of these socially excluded people.

Homelessness
It has been estimated that in Australia every night around 105,000 people are homeless (Commonwealth of Australia, 2008). People who are homeless may be sleeping rough in public places, living in temporary accommodation, staying with family and friends, boarding houses, caravan parks, and in specialist homeless services (refuges). Homelessness can affect anyone. People who are homeless come from all age groups, include women and children, and people from all cultural backgrounds (Commonwealth of Australia, 2008). People experiencing homelessness may have a mental illness, experience substance misuse, come from violent backgrounds, be unemployed, and have limited access to affordable housing.

The number of rough sleepers is highest in Queensland (Commonwealth of Australia, 2008). More men sleep rough and live in boarding houses than women. Women who are homeless are more likely to stay in specialist homeless services, often in women's refuges (Commonwealth of Australia, 2008).

People become homeless owing to a wide range of factors. Housing affordability has become worse in recent years (Commonwealth of Australia, 2008). Domestic and family violence is a major driver of homelessness. This is the major cause of homelessness among women (Commonwealth of Australia, 2008). People not involved in the workforce are vulnerable to homelessness. Family breakdown is a large factor in youth homelessness. Mental health and substance use disorders can be a key contributing factor leading to homelessness. A significant number of people leaving health care facilities, child protection or correctional facilities may become homeless.

Homelessness removes stability and connection from people's lives. People who are homeless experience poor dental health, eye problems, podiatry issues, infectious diseases, sexually transmitted disease, pneumonia, lack of preventative and routine health care and inappropriate use of medication (Commonwealth of Australia, 2008).

It has been found that homeless men with psychosis are more likely to have higher levels of positive symptoms, concurrent drug misuse antisocial personality disorder, family disorganization, childhood abuse and less adequate family support (Bums et al., 2009). Long-term homelessness is associated with more severe disabilities, substance misuse, medical and psychiatric comorbidity. The prevalence of mental disorders is three to four times higher among the homeless population, with rates of affective and anxiety disorders and drug and alcohol misuse particularly elevated (Shelton et al., 2009).

Homeless Health Outreach Team
The Queensland Health Homeless Initiative is a state-wide response with a primary focus on mental health and alcohol and other drugs. This initiative has funded the development of specialist mental health teams (HHOT) who provide comprehensive case management, assessment and interventions for homeless people. The service also provides general health care and linkage to general health care services. It was designed so that the services would respond to the basic needs of the client group and assist with access to basic fundamentals such as food, housing, health care, pension payments. Services are provided where homeless people gather, so mobile clinics, were established at shelters, food venues etc.
What is diabetes?
Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action or both. Diabetes can lead to serious complications and premature death (Chui & Hwang, 2006; Ray et al., 2009).

Diabetes falls mainly into three categories. Type 1 diabetes is usually first diagnosed in children and young adults. It is an autoimmune disease that is caused by genetic, environmental or other factors. It accounts for 5% of diabetes cases. Effective treatment requires the use of insulin.

Type 2 diabetes accounts for 90-95% of diabetes cases and is usually associated with older age, obesity, physical inactivity, family history of type 2 diabetes or a personal history of gestational diabetes. It can be treated through healthy food choices, physical activity and weight loss. It can be controlled with these activities but insulin or oral medication may also be necessary (Law, 2007).

Gestational diabetes is a form of glucose intolerance that is diagnosed through pregnancy. It requires treatment to bring maternal blood glucose to normal levels and avoid complications to the infant (NDIC, n.d.).

Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and blindness. It is a major cause of heart disease and stroke. Periodontal (gum) disease is common. Overall, the risk of death of people with diabetes is about twice that of people of similar age but without diabetes. It is estimated that diabetes prevalence in Australia is 7.18%. Approximately $990 million was spent in treating diabetes in 2004-05, which amounts to 1.9% of all health expenditure (AIHW, n.d.)

Psychological factors appear to influence the course of metabolic control and its general management. Considerable evidence exists indicating a direct association between anxiety, depression and diabetes. Depressed mood has been found to be correlated with poor glycaemic control and more frequent visits to emergency departments. Having diabetes more than doubles the risk of developing depression. Depression can also increase the likelihood of developing diabetes complications (Diabetes Australia, n.d.). Psychological screening needs to be conducted to improve glycaemic control and reduce unnecessary hospital admissions.

ASSESSMENT
There are a number of ways to monitor for diabetes.
- The HbA1c – glycosylated haemoglobin shows how much glucose has bound to red blood cells over the previous 2-3 months.
- BMI (body mass index) is an indirect measure of body fat calculated from a person's weight and height.
- Blood pressure
- Lipids (NDIC, n.d.)

A basic physical health check (BP, pulse, weight and height), assessment of lifestyle (diet, physical activity, smoking rate, alcohol use) is carried out.

There is increased risk in people with schizophrenia of developing glucose-regulation abnormalities, insulin resistance and type 2 diabetes mellitus. Lifestyle factors, poor diet, sedentary behaviour, exacerbate the problem. All antipsychotic agents (atypicals more than typicals) increase the propensity to develop diabetes.

TREATMENT
Diet, insulin and oral medication to lower blood glucose levels are the foundations of disease treatment and management. Client education and self-care practices are also important aspects of disease management that help people with diabetes lead normal lives.

People with Type 1 diabetes must have insulin delivered by an injection or a pump.

People with Type 2 diabetes can control their blood glucose by following a health meal plan and exercise program. Losing excess weight, and taking oral medication.

Self management education or training is a key step to improving health outcomes and quality of life. Focus on healthy eating, being active and monitoring blood sugar. By gaining knowledge and problem solving, they are assisted to develop coping skills to successfully self manage the disease and its related conditions (NDIC, n.d.).

What we have found
A higher percentage of people with a mental illness that are homeless have diabetes (approximately 15%) as compared to the general population (approximately 7%). There is difficulty in providing treatment to this group of people. This relates to the fact that they are itinerant, they find it difficult to store medication, and they don't have access to a well balanced diet. It is difficult to arrange follow up and long term management. Staff awareness is a big issue. Not all staff are used to considering the physical needs of clients in addition to their mental health or drug and alcohol issues.

FUTURE DIRECTIONS
There is a need for ongoing staff training into diabetes so that they become aware of the potential for homeless people to either have diabetes or be at risk of getting diabetes. It has been necessary to build in routine screening for diabetes. This involves establishing GP contact as many homeless people do not have a GP. It may well mean going with them for their initial GP appointment. For some people that need educating about diabetes, it is necessary to link them in with the diabetes educator. Again, it is important for the clinician to go with the homeless person for an initial appointment. The team is currently planning a specific lifestyle program which is education-based. A health education and physical activity group is considered important in changing lifestyle behaviours for people with diabetes as these people have a higher rate of preventative risk factors such as smoking, high alcohol intake, poor diet and lack of exercise. This program will specifically address the importance of exercise, diet and nutrition, reducing alcohol intake, footcare, smoking cessation, and monitoring their health.

CONCLUSION
Homelessness is an issue that has gained increasing attention over the last few years. The people that are homeless have complex problems, one of which is diabetes. The team has been required to become more aware of this particular problem and become proactive in assisting the person receive appropriate care. Mental health clinicians have an opportunity to improve the physical and mental health of people with mental illness through systematic monitoring and active collaboration.

REFERENCES


