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Emergency Department**

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Journal: Australasian Psychiatry – extended letter to the editor

## **A Profile of Homeless People seen in the Gold Coast Hospital Emergency Department**

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# Emergency Department

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## Introduction

There has been a rise in the number of people experiencing mental illness, substance use, homelessness and a variety of other social problems that affect their ability to access health care services. Hospital emergency departments (ED) increasingly assume the burden of treating these individuals [1]. It has been found that over 10% of ED presentations are by homeless people and the ED re-presentation rate is threefold for homeless people compared to those in stable housing [2]. It is likely that homeless people use ED to meet a range of psychosocial needs that could be more appropriately met by other services. With a view to more effectively identifying the needs of homeless people and linking them to appropriate services, Queensland Health established Homeless Emergency Department Liaison Officers (HEDLO) in the EDs of four major public hospitals. The Emergency Department Liaison project is a Queensland Health initiative established under the National Partnership Agreement on Homelessness between the Australian and Queensland Governments. This was the first step in implementing *The Road Home – a National Approach to Reducing Homelessness* [3].

The aim of this study was to investigate the profile of the people who were referred to the HEDLO (hours of work 8.00-4.30, seven days per week).

## Methods

This study was approved by the local research ethics committee. The data base was examined to gather data on all individuals who presented to the Gold Coast Hospital Emergency Department and were referred to the HEDLO over an 18 month period. Descriptive statistics were used.

## Results

A total of 247 people from the data set were included in this study. Their characteristics are as follows:

# Emergency Department

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- 176 (71.3%) male and 71 (28.7%) female
- 173 (70.0%) primary homelessness (rough sleepers), 47 (19.0%) secondary homelessness (couch surfers), and 27 (11%) tertiary homelessness (boarding houses etc)
- Average age 41 (range 1 to 74)
- 230 (93.1%) were of a non-Torres Strait Islander or Aboriginal background and 218 (88.3%) were born in Australia

## Presentations

- 135 (54.7%) self presented, 89 (36.0%) Queensland Ambulance Service (QAS), and 23 (9.3%) Queensland Police Service (QPS)
- 113 (45.7%) physical illness, 24 (9.7%) social, 75 (30.4%) mental illness, and 34 (13.8%) substance use
- 114 (46.2%) triage category of 3 (urgent)
- 162 (65.6%) required medical treatment

## Number of presentations

- Range 1 to 56 times
- 135 (54.6%) once or twice
- 90 (20.2%) previous admission during last 12 months

## Follow-up

- 190 (76.9%) did not consent for follow up
- 68 (27.6%) provided with transport assistance
- 58 (23.5%) referred to crisis accommodation or supported accommodation

# Emergency Department

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## Discussion and conclusion

This study set out to determine the profile of homeless people who presented to the Emergency Department of the Gold Coast Hospital and were referred to the HEDLO. The number of men who presented to the ED far exceeded that of women. This is probably because men are more likely than women to have a primary homeless status [4]. Just under half of the presentations (44.2%) were for mental illness or substance use. It may well be that the number of substance related problems have been under reported. Given that these were homeless people, they may well have not been linked in with community mental health services to provide treatment for their psychiatric condition or they may well have been people who were lost to follow up by a community mental health team. The association between comorbid substance use and psychiatric disorders presenting to a general ED has been associated with substantially increased ED service usage [2].

People referred to the HEDLO were more likely to arrive by ambulance than any other means. Given the frequency of mental illness among the cohort in this study, it is not surprising that ambulance transport was also common. Other factors likely to be associated with ambulance use for this group are chronic illnesses, injuries due to violence and problems associated with intoxication. Interestingly over half of the sample had received a hospital admission within the previous 12 months, and a substantial minority (45.0%) attended ED on three or more previous occasions during the past 12 months. It has been suggested that patients who frequently attended have high support needs and a lack of integrated care planning [2]. The data presented here suggest there is a substantial group of people who make frequent use of emergency services in the absence of major medical emergency. A high percentage of people did not consent for follow up. The reasons for this are unclear.

# Emergency Department

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