Transcript – Taking care season 2

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Homelessness and healthcare

Tash Miles: Ahpra acknowledges the Traditional Owners of country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present. Welcome to *Taking Care*, a podcast of Ahpra and the National Boards. I'm Tash Miles. This episode is a discussion about Homelessness and Healthcare, where they intersect, what are some stigmas that need to be addressed and dismissed and the important work being done to facilitate better access to safe care for people who experience homelessness.

I'm joined today by two GPs working in this space, Dr Ed Poliness, who's a GP at The Living Room in Victoria and Dr Andrew Davies, GP and founder of Homeless Healthcare in WA. Can we start off, Andrew, with you telling us a bit about yourself and the organisation that you founded?

Andrew Davies: I am Andrew Davies, I am a GP at Homeless Healthcare. I was the last person that you'd expect to be working with homeless people. I had a mentor that suggested that I work with homeless people and I actually really enjoyed it. After working with them for a couple of years, found that it was great working in isolation, but we weren't really dealing with the underlying issue, which was the homelessness that was driving the poor health. So, back in 2008, I started Homeless Healthcare.

Tash Miles: Great. Thank you. And, Ed, you work in a similar organisation, The Living Room, could you tell us about that and about how you came to it and what you do?

Ed Poliness: The Living Room is a primary healthcare service based in Melbourne in the CBD, and when I say 'a primary healthcare service,' we try as much as we can to address all the things that a homeless person might need. So not just, you know, physical and mental healthcare but also, you know, there's access to showers, there's access to support workers, there's access to linking people back into the community and access to Centrelink and housing support, and everything you need, hopefully, to try and help the clients work out what they want to do and support them in getting the best out of their interaction with us.

Tash Miles: And before we kind of continue any further, when we're talking about people who are experiencing homelessness or homeless people, is there anything that you should or should not say when you're talking about these communities?

Andrew Davies: My pet peeve is calling people experiencing homelessness 'the homeless.' They are not aliens from another planet. So yeah, I think it's very important that we're quire respectful of people and describe them as people who happen to be experiencing homelessness.

Tash Miles: Ed's just nodding in agreement. I'm sure every day is different, but could you give us some explicit examples of the work that you do?

Ed Poliness: You never know what's coming through the door in presentation. So most of my days I see usually clients in the morning for a longer period of time, often they're people who have the ability to turn up to an appointment and we can go through some forms or some chronic disease management. And then the afternoon is more of a deli system, where people sort of take a number and I work with the nurses and the other staff to triage people and decide who needs to be seen, you know, first or more

urgently for the things they present with, and it's a huge variety of, you know, medical and mental health presentations.

Tash Miles: And are there any particular healthcare issues that you see more often?

Ed Poliness: We probably see a huge variety. You know, whenever we have medical students they're always surprised that we see a lot of chronic disease, mental health. We see, you know, people with diabetes problems, people with things like thyroid disease or, you know, there's a whole variety of people who are living on the streets who need help with their chronic disease issues and, of course, we also see a lot of people who have mental health problems that we can really support through trying to get the best treatment they can while they're sleeping rough or being on the streets.

Tash Miles: Do they generally receive all of the care, the holistic kind of care that they need from you or will you refer them to specialists? How often are you working with other health centres?

Ed Poliness: As much as we can. If we have the ability to do it inhouse and the person wants that, we'll try and do things inhouse, but we work quite well with the outreach services of mental health in the major hospital ground where you do inreach a bit to the Emergency Departments of the big hospitals, and certainly can access some of the outpatient services the big hospitals offer, and the specialists around town who have put up their hand to assist. So we try to use whatever is going to suit the patient the most.

Tash Miles: And Andrew, could you talk to us about some of the communities who you work with?

Andrew Davies: Basically, a fairly sort of similar situation where we're working in multiple different settings. So, we do a lot of our clinics actually the opposite of Ed and have our drop-in clinics in the morning in the different drop-in centres, and then people who can keep an appointment taken to see us in our main office in Highgate. We go to a lot of the transitional accommodation services throughout Perth and a couple of drug and alcohol rehabs and domestic violence shelters. We have inreach into the main inner city hospital in Perth and we have a 20-bed facility that's a medical respite centre where people can go if they're too sick for the streets but not sick enough for hospital.

Tash Miles: And WA is such a big state, how much of it do you cover and is virality a factor in the work that you do?

Andrew Davies: It is such a big state, but it is very Perth centric. Most of the population does live in Perth and so most of the homeless population is in Perth. We have focused our service on, sort of, Perth and suburbs but we're always available to help GPs in rural or remote areas when they're dealing with homeless people.

Tash Miles: Ed, one of the things that you hear when you talk to GPs is that they have patients for life. Is that the same for you, do you see people again and again?

Ed Poliness: Mmm. I think we see a bit of both or, actually, all three. I've been here at The Living Room for 11 years and there are some patients I've been seeing the whole time. There are others who I have seen on and off when they've experienced periods of homelessness in their lives, and there are others we'll see on one or two occasions and hopefully, actually, help them with that and then, hopefully, link them in with a more mainstream service. If they get temporary housing or transitional housing in a particular area, we've got the ability to link them in. What we'd love to be is like, say, a kindergarten teachers' experiences of helping someone formulate their health again and then move them on to more mainstream services once they've settled into housing or have sorted out some of the issues they need a real hand with in that time.

Tash Miles: Andrew, does that resonate with you, is that similar?

Andrew Davies: Yes. I mean, we sort of track quite closely, different populations that we see, and since 2008 we've seen just over 10,000 individuals, but in any one year it's a main group of about 2,000 to two and a-half thousand that actually are seeing us a lot, and regularly, and have been seeing us for many years. So it is very much a picture where you get some people that obviously move on from homelessness and can get into mainstream general practice, and then you've got another group who have really been homeless for so long that they really, once they find a GP that they can stick with, they stick with them for life.

Tash Miles: Do you have any examples of stories of moments when you've been really proud of your patients for a journey that they've been on?

Ed Poliness: One of the things I really love is the patients who I haven't seen for, you know, five or more years who you just come across in your life. You're going out to the cinema or on the street with my kids, and patients will come back or come up to you and say, "Look, you might not remember me, you saw me five years ago over a period of a year, and thank you and the team at The Living Room for helping me during that stage," and they've moved on to wherever they were going with their life and have settled into getting their help somewhere else. That's where, you know, I feel very proud that we were able to, as a service, help that person in that time.

Tash Miles: That must be incredibly rewarding. Andrew, do you have similar experiences?

Andrew Davies: There are so many of them. One of the most recent is the guy that basically had been unemployed for the last 20 years and came in to see me last week and gone from drug dependency, mental health issues, to looking fantastic, having a fulltime job and just getting back into society. It was great.

Tash Miles: What a rewarding part of the work that you do. Can we talk about the stigmas that you see associated with people experiencing homelessness and some of those stigmas that you'd really like to see addressed in order for us to have equity and safe access for people to healthcare? Andrew?

Andrew Davies: By far and away the thing that I see as the biggest barrier is the fact that, sort of going back to the whole idea of if you haven't got somewhere to sleep or somewhere to go to the toilet or something like that, then you really aren't going to be able to address health issues, so it's really about what the priorities are for that homeless person. And unless we, as health services, want to get off our bums and go out there to where homeless people feel comfortable, address some of those very basic needs that we all have as humans, then people experiencing homelessness are not going to be able to deal with their healthcare. So, a lot of what we've done is to try and get over some of those barriers that people have.

Tash Miles: I mean, that's patient-centred care, right, meeting somebody where they are and where they need to be?

Andrew Davies: Easy to say but so difficult to do in practice. You kind of have to be prepared to go out in the middle of winter in the rain and see people on the street.

Tash Miles: Do you do things like that, Ed, where you will go out and … ?

Ed Poliness: So I've been out a couple of times today to see patients and we've been doing the clinic here at the Salvo's Café, which runs a hot meal service for lunch. Yes, I mean, really getting out to where people are is really important. And the other thing is, it does change when they come and see us at the clinic. I forget that there are patients who will really want to get in – their priority before seeing me is to get into the shower because they want to smell and look their best when they see me. It's remembering that people are human beings. And so, often going out and seeing the people is a better way of making sure that they know I really want to see them and help them get the best out of their healthcare that they can.

Andrew Davies: And I think the other thing is to be approachable. I'm always telling our medical students, new doctors, "You have to remember that some of the people that you're going to see may have left school during primary school because they were being sexually abused and so it's not going to be easy for that person to talk to someone who's got postgraduate education, so you really need to make yourself more approachable, not talk in a way that is highly intellectual and fairly abstract for a person who's living on the street."

Tash Miles: What are some other attributes that you look for people at The Living Room or Homeless Healthcare, what makes somebody the best at that job?

Ed Poliness: If you like instant coffee it's really good, if I need a coffee after lunch, but having one in the common space where everyone else is, is really important, because usually, or often, I meet patients who were not going to put their name down to see me and see me in the clinical rooms, but you can have a chat over a coffee. And I'm not sipping a latte or whatever, I am having a good bit of International Roast, caterer's blend, with some milk that I've mixed up from the powdered milk. Making sure that you're accessible. So when we get students we make sure that they're also getting – you know, medical students or the nursing students that come through, make sure they're getting out and in amongst it, whether it's in the common space, out in the laneway, making sure that if there's new clothes or something that's been delivered that people might want access to, that we're all mucking in and getting into it, and helping out where we can.

Tash Miles: Do you want to add to that list, Andrew?

Ed Davies: I can't do the instant coffee thing, but just, yeah, being able to get out there and be with people where they're at is really important.

Tash Miles: When we talk to doctors and nurses who work in hospitals, and talking about the important role that the tearoom plays as well, an equivalent kind of culture space. Andrew, is there anything that changed during the pandemic and that stayed changed or that you think showed the potential of how the world could be?

Ed Davies: I think, for us, it was the increase in the street outreach that we were doing. It's made a really big difference for those guys, for the really disengaged from everything, getting out there and actually seeing them in the parks and on the street. We haven't learned as much as we should have. It's always sad to have some of the funding that we did get during COVID cut back, so we haven't been able to have GPs out during street outreach.

Tash Miles: What did you do when working with people who were really, really anxious, at the same time as you're in a pandemic, I'm sure that your personal life and your professional life, and the lives of your patients, were just completely thrown up in the air and who knew what was going on, what was that like for you as a doctor?

Ed Davies: The thing that really hit me was I'd never thought of going through a CBD when the only people there were the homeless people, and that was really quite anxiety provoking for me, in the sense that it just highlighted to me what these guys were facing. They just had no-one, apart from other people experiencing homelessness, around. I think it was, for a lot of them, quite reassuring just having us come out and interact with people, not be dressed in N95 masks and all of that sort of stuff, and just sit down and talk to them about what their fears were, and actually be able to say, "Well, yeah, I mean, we feel the same."

Tash Miles: Ed, could you talk about what it was like in Melbourne during lockdowns, and during COVID, and how people experiencing homelessness were affected?

Ed Poliness: The homeless population that I worked with and we supported were amazing with the offer of hotel and housing initially, and during lockdown periods, and just for some of the longer term patients that I have who had never really felt that anyone was on their side and working with them, being offered a great room in a hotel for a few weeks when things are locked down with, hopefully, some food coming in, and with more outreach health services, and drug and alcohol outreach that we got up and running pretty quickly, that people felt really supported, and there were lots of patients that I saw who were really thankful. Unfortunately, the height of the pandemic and lockdown in Melbourne was hard for lots of people, but it was one of the few positives that we felt that a lot of the homeless population were being looked after. Certainly with hotel accommodation but also with some of the restaurants and other food services that made hot meals and were good at getting them out on the street and working with us to distribute those to people who really need them so they could stay off the street. It was a real time of positivity in amongst a hard time.

I think one too, as Andrew mentioned as well, we were more used to seeing patients outside and when we talked about grate-ventilated clinics and whatever, yeah, we were actually able to see people and be quite close to them outside in a safe way during the height of the pandemic and outbreaks and lockdowns. So that was, you know, a really positive thing as well, and being able to talk to colleagues in mainstream saying, 'We're seeing people in makeshift tents, we're seeing people out on the streets and we're able to do lots of healthcare.' And there's still a lot of the patients that I had three, four years ago who we haven't seen again because they transitioned from hotel to temporary housing and even into more permanent housing.

Tash Miles: What needs to be true for people experiencing homelessness to have access to the care that they need? What changes do you need to see? Andrew?

Andrew Davies: What I would love to see is a reduction in the amount of time people spend homeless in this country. I think, being brutally realistic, we are always going to be faced with the problem that some people are going to fall on hard times and, really, you don't want a person to end up homeless for more than a couple of days in the ideal world, if that. So I would love to see, moving forward, a system where people are re-housed rapidly and you don't end up with these guys that have been homeless for more than 10 years and all that that brings with the trauma and impact on mental and physical health, because you're never going to be able to undo some of that stuff.

Tash Miles: Ed, could you add anything about what the future needs?

Ed Poliness: I support Andrew completely about really good pathways out of homelessness, supported pathways, and I think that it involves a consideration of each and every person in there, just to consider everything about them and what their number one need is when they're first seen. Transitioning people into housing as quickly and as safely as we can with lots of resources.

The other thing I wanted to say about the future is that, like, I love working at The Living Room, mostly because it's a team-based approach, and a good team of, yes, doctors, nurses, other health professionals, but also care workers, so people who have a lived experience of homelessness, are incredibly integral members of our team, because they understand those things that I've never understood and I've never had the opportunity. The homeless population, we both see, is a broad community of different backgrounds, different religions, different experiences. The Living Room and youth projects who run us are a great broad employer, and so working in teams is what I think keeps – well, it's kept me there for 10 years and more, and is an amazing thing.

And the other great thing is being able to debrief with that team. We do see some people who have had some awful things happen to them in their life, whether it be domestic violence or abuse at the hands of others, and people who have quite difficult to deal with alcohol and drug issues, and so having a team that can debrief with each other and support each other as the team that looks after people experiencing homelessness is so important.

Tash Miles: It is. It is important. And that brings us to the end of our conversation, so thank you, Ed and Andrew, for the work that you do, and your teams, and also for joining me today. I've certainly learned from it and I hope our listeners have as well.

Ed Poliness: Thank you so much, Tash. Thanks for having me. It's been a great chat.

Andrew Davies: Yes, thanks very much, Tash, it's been brilliant.

Tash Miles: And thank you for listening to Taking Care. Please subscribe to our podcast on Apple podcast, Spotify or wherever else you're listening. We are always keen to hear your feedback and ideas. Please email us at communications@ahpra.gov.au and, until next time, take care.

(ENDS)