



Homelessness Makes You Sick

**Dublin Simon Community
Snap Shot Health Survey Report
2010**

1. Introduction

The Dublin Simon Community Snapshot Health Survey took place throughout Dublin Simon services¹ during the week of July 26th – August 1st 2010. Overall 349 people participated in the survey – this equates to just under 50% of people who used Dublin Simon services during that week (*n.729*).

The Health Survey aims to highlight the needs of people who are experiencing homelessness; it underlines how homelessness is not just about bricks and mortar. The majority of people seeking help have an array of complex needs ranging from physical to mental health conditions, both diagnosed and undiagnosed. Those conditions that are categorised as undiagnosed are conditions that are evident to the individual or their key worker but at the time of the survey had not been diagnosed. They are opinion based as opposed to medically confirmed conditions.

In emphasising these complex issues a range of other factors were also taken into account and considered in this survey. These range across demographics, reasons for becoming homeless, length of time homeless, benefits and allowances, behavioural issues, and drug and alcohol consumption.

The survey was completed by project and key workers with individuals that they were, at the time, working with. All surveys were completed within services apart from the Rough Sleeper Team who completed surveys at different meeting points with their clients. All duplicates were removed prior to analysis.

The 2010 survey produced results similar to the previous year the most notable exception being diagnosed mental health conditions which has increased by 4%

There are a number of limitations within the survey, and it should be noted it is not an extensive audit but a survey highlighting a snap shot image of a week in Dublin Simon services and the health and welfare needs of those who use those services.

Not all respondents answered all the questions, as they were under no obligation to do so. This is noted in each section where results respond to different numbers than the overall response rate of 349. By doing this any information omitted does not reflect or influence the overall snapshot results of the week. The service response figures were as follows:

Rough Sleeper Team - 92 responses

Emergency Accommodation - 61 responses

¹ Services included in the survey were Detox, Rehab, Aftercare (all Treatment Services); Resettlement and Dublin City Tenancy Sustainment (Settlement Services); Eblana, Island House and Harcourt St., (all Emergency Accommodation); Canal Road, North Circular Road, Sean McDermott St., and Dorset St., (all Supported Housing); and the Rough Sleeper Team. Services not included were the Soup Run and the Social Club.

Supported Housing – 80 responses
Treatment Services – 35 responses
Settlement Services – 81 responses

The report is broken down into three areas: 1/ general findings, which highlights the top line results and/or areas surveyed of all responses (*section two*); 2/ a commentary and recommendations section looking at some cross references and areas that are worth further consideration (*section three*); and 3/ a detailed breakdown of the results produced from the survey throughout the service categories i.e. Rough Sleeper Team; Emergency Accommodation; Supported Housing (Low, Medium, High Support and Stabilisation); Treatment (Detox, Rehab and Aftercare) and Settlement (Tenancy Sustainment and Resettlement) (*section four*).

1.1 Homelessness – the Challenges Faced

Homelessness is not just about a lack of a roof over your head. This point is highlighted throughout this health snapshot study. Homelessness has been evident in Dublin for years and as society changes so too does the nature of homelessness. Rather than the solution being solely accommodation based, the results of the study highlight the need for *extended* multi-disciplinary teams and qualified medical staff working within the sector and services to be able to deal with a combination of physical health, mental health and addiction issues. This would improve diagnosis, treatment and appropriate referrals for people with multiple support needs.

The Government's vision of ending long-term homelessness and the need to sleep rough by 2010² is currently under pressure. While partnerships have been formed and a number of positive strategic actions have been taken the reality facing an organisation such as Dublin Simon Community is that increasing numbers are presenting to services and the possibility of ending the need to sleep rough by 2010, while still possible, is proving more difficult by the day. These difficult challenges are further compounded by the fact that the majority of people accessing homeless services, as per these survey results, have been in homelessness for five years or more and suffer extensive physical and mental health issues.

Overall these research findings highlight all the above and add further weight to the concept that homelessness will not be overcome solely by accommodation. The relevant and necessary supports need to be put in place to help move people out of homelessness and into a secure and supported living environment which they can call home. Services, such as Dublin Simon Community, rely on the continued support from the HSE and Local Authorities to provide such services. At a time when homelessness, and with it related health problems, are increasing this continued support is vital now more than ever.

² The vision of the National Strategy on Homelessness 2008 - 2013 'The Way Home' states that "From 2010, longterm homelessness (i.e. the occupation of emergency accommodation for more than six months) and the need for people to sleep rough will be eliminated throughout Ireland". The strategy is available on www.homelessagency.ie

2. OVERALL FINDINGS

2.1 Demographics

Sex

The male female demographic recorded was 79.7% male and 20.3% female

SEX

MALE	FEMALE
278	71
79.7%	20.3%

Age

The majority of those accessing services during the one week period were aged between 36 – 45 years of age (29.5%) and second most common age group was 26 – 35 years of age (26.1%)

AGE GROUPS

18 – 25	26 – 35	36 – 45	46 – 55	56 – 65	66 – 75	75+	Unknown
25	91	103	88	34	4	2	2
7.2%	26.1%	29.5%	25.2%	9.7%	1.1%	.6%	.6%

Nationality

The majority of people Dublin Simon worked with during this week were Irish (94.6%)³

NATIONALITY

Irish	UK	EEA- Eastern Europe	EEA – Central Europe	Africa	Travelling Community
330	9	6	1	1	2
94.6%	2.6%	1.7%	.3%	.3%	.6%

2.2 Accommodation Type

The majority of people Dublin Simon worked with during this week period were in emergency accommodation (40.1%). The six most common accommodation types were:

ACCOMODATION TYPES and NUMBERS ACCESSING⁴

Emergency ⁵	High Support	Local Authority - Supported	Private Rented – Supported	Low Support	Rough Sleeping
140	47	29	27 ⁶	26	25
40.1%	13.5%	8.3%	7.7%	7.4%	7.2%

³ As not all people accessing services responded to the survey Dublin Simon does not feel, in this instance, that the figures represent the overall nationality spread of people accessing services as language barriers etc. were often reasons why survey was not completed by non-respondents. This point is further expanded on in section 3, Commentary and Recommendations.

⁴ A further breakdown of accommodation type for Rough Sleeper Team, Tenancy Sustainment and Resettlement is available in section 4.

⁵ This figure does not relate solely to Dublin Simon emergency accommodation but with people who are staying in other emergency accommodation and linking in with Dublin Simon services i.e. RST or Aftercare.

2.3 Length of Time Homeless

Excluding Tenancy Sustainment (where an individual is generally not categorised as homeless), the majority of people have been homeless for five years or over (37%)⁷. This is influenced by the age profile of people in supported housing where 54% of people are homeless for five years or more, however there are also a high number of people accessing rough sleeper services who have been experiencing homelessness for over 5 years – 46.7%. The overall breakdown includes:

LENGTH OF TIME HOMELESS, ALL DSC SERVICES EXCEPT TENANCY SUSTAINMENT

<3 mths	3-6 mths	7 mths – 1 yr	1 – 3 yrs	3 – 5 yrs	5+ yrs	N/A	unknown
17	26	21	64	32	101	9	3
6.2%	9.5%	7.7%	23.4%	11.7%	37%	3.3%	1.1%

2.3.1 Previous Experience of Homelessness (Tenancy Sustainment)

Focusing solely on Tenancy Sustainment and people’s experience of previously being homeless, the majority were again 5+ years homeless (24.6%). The overall breakdown of previous experience of homelessness was as follows:

LENGTH OF TIME HOMELESS, TENANCY SUSTAINMENT

<3 mths	3-6 mths	7mths–1yr	1 – 3 yrs	3 – 5 yrs	5+ yrs	N/A	unknown
2	4	2	12	7	14	15	1
3.5%	7%	3.5%	21.1%	12.3%	24.6%	26.3%	1.8%

2.4 Reasons for Becoming Homeless

There is no unique route to homelessness and often it is more than one factor that can lead to someone seeking the services of Dublin Simon Community. Excluding tenancy sustainment, those surveyed were asked to give a primary, and if relevant, a secondary reason for why/how they became homeless. Of these 29% of people gave personal alcohol use as either a primary or secondary reason for their homelessness; 26% gave personal drug use; 25% stated family conflict; 14% relationship breakdown; 8% personal mental health; 8% asked to leave by family; and 5% were evicted from local authority or private rented⁸. This highlights a high percentage of reasons stated that were outside of health and substance abuse.

2.4.1 Numbers Registered as Homeless

The number of people registered as homeless⁹ using Dublin Simon Community services (excluding Tenancy Sustainment) and who responded to the survey is 78.4% while 21.6% (*n*.63) are not registered. The majority service used by those not

⁶ 25 of the 27 individuals are part of Tenancy Sustainment where support is provided while someone is in their own accommodation in order to prevent and address homelessness before it occurs. The individuals have usually previously experienced homelessness or are in danger of such.

⁷ A full breakdown of length of time homeless per service is in section 4.

⁸ Reason for eviction was not asked.

⁹ These figures exclude Tenancy Sustainment which make up the other 57 people.

registered as homeless is long term supported housing in Canal Road where residents do not register as homeless as they do not see themselves as such.

2.5 Benefits and Allowances

Of Dublin Simon service users accessing services that week over 80% had a medical card (n. 282). Those who didn't have a medical card were mainly people accessing frontline services (i.e. Rough Sleeper Team Services or Emergency Accommodation).

The number of individuals in receipt of a disability allowance¹⁰ over the week was 167 (47.9%).

Both these figures demonstrate the low level of income of service users and the high dependency on social welfare (80%) and disability allowance (47.9%).

2.6 Habitual Residence Condition (HRC)

Of those responding to the survey, all HRC affected people were seeking services of the Rough Sleeper Team (RST) during the week of the survey. Of RST survey respondents (92 people), 11 were HRC affected. HRC affected service users, while having access to One Night Only Beds in Emergency accommodation are unable to officially access other homeless services due to the nature of this legislation.

2.7 Diagnosed Physical Health Conditions

Of those responding to the diagnosed physical health questions (n.329), just under 60% (n.195) had one or more diagnosed physical health conditions. The numbers of physical health conditions experienced by these individuals were as follows:

NO. OF PHYSICAL HEALTH CONDITIONS EXPERIENCED

1 condition	2 conditions	3 conditions	4 or more conditions	Total
97 29.5%	52 15.8%	30 9.1%	16 4.9%	195 60.1%

Of these health conditions the most common health category is hepatic (liver) conditions followed by respiratory conditions, neurological conditions, wounds and injuries, and dental.

The most common actual conditions were Hepatitis C (17.8%); Asthma (n. 10.3%); Dental (8.6%); and Epilepsy (6.3%)

MOST PROMINENT DIAGNOSED CONDITIONS

Hepatitis C	Asthma	Dental	Epilepsy
62 cases 17.8%	36 cases 10.3%	30 cases 8.6%	22 6.3%

¹⁰ To qualify for a Department of Social & Family Affairs Disability Payment applicants must satisfy a means test, have an injury, disease or physical or mental disability that has continued or may be expected to continue for at least one year, and be substantially restricted in undertaking work that would otherwise be suitable for an applicant's age, experience and qualifications.

2.7.1 Undiagnosed Physical Health Conditions - Observed

Undiagnosed physical health observations are those that were observed and reported by client/key worker but were not noted as diagnosed professionally prior to the health survey. Nearly 27% (*n.* 83) of those who responded to this section (*n.* 309) had one or more observable physical health manifestations. The most common category were wounds and injuries (*n.* 16); muscle and bone problems (*n.* 14); and respiratory problems (*n.* 11). Twenty people of the 83 had two or more undiagnosed physical health problems.

2.8 Diagnosed Mental Health Conditions

Of those responding to this question (*n.*328), 44% had a diagnosed mental health condition. The number of mental health conditions experienced were as follows:

NUMBER PER INDIVIDUAL OF DIAGNOSED MENTAL HEALTH CONDITIONS

1 condition	2 conditions	3 conditions	4 + conditions	Total
108 32.9%	28 8.5%	6 1.8%	2 .6%	144 43.9%

Of these mental health conditions the most common were depression (23.8%), schizophrenia (9.2%), bipolar (4.9%), and panic attacks (4.9%).

MOST COMMON CONDITIONS AND NO. DIAGNOSED CASES

Depression	Schizophrenia	Bipolar Disorder	Panic Attacks
83 cases 23.8%	32 cases 9.2%	17 cases 4.9%	17 cases 4.9%

2.8.1 Undiagnosed Mental Health Conditions - Observed

In this survey undiagnosed mental health observations were determined as observations that were evident but not diagnosed at the time of the health survey. Categorized as such, 23.6% (*n.*62) of people surveyed showed signs of a possible mental health condition. Ten of these showed signs of having two or more possible undiagnosed mental health problems.

Of these problems the most commonly evident ones were anxiety (8.9%) and mood disorders (5.7%).

MOST COMMON UNDIAGNOSED CONDITONS AND CASES

Anxiety	Mood Disorders
31 cases 8.9%	20 cases 5.7%

2.9 Multiple Diagnosed Conditions

Overall 23.8% (*n.*83) of all 349 respondents had both a diagnosed physical and mental health condition. This multiple diagnosis is most evident in Treatment

Services, made up of the Detox, Rehab and Aftercare, where 34.3% (n.12) of people had both a diagnosed physical and mental health condition.

2.9.1. Undiagnosed Dual Conditions

Over 10% (n.36) of all survey respondents showed evidence of both an undiagnosed mental health and physical health condition over the week period.

2.10 Behavioural Issues

Of those responding to this section of the health survey (n. 345), 16.2% (n. 66) were prone to challenging behaviour¹¹.

Of those responding to a query of self harm (n. 286), just under 15% had previously self-harmed.

2.10.1. Suicide Attempt and Ideation

Of those responding to a query of suicide ideation (n. 278), nearly 17% (n. 47) had expressed suicidal thoughts.

In the six months prior to the survey 25 people taking part in the survey had attempted to commit suicide.

2.11 Alcohol Use and Complications

Over 55% (n. 193) of survey respondents accessing Dublin Simon services consume alcohol.

Of all respondents to this survey (n. 349) 27% had experienced complications arising from alcohol consumption. Of these, 39% (n. 94) had experienced memory loss; 37% falls and head injuries; and 34% liver damage while 18% had seizures and 13% experienced gastric problems.

2.12 Drug Use and Complications

Of those responding to the survey just under 44% (n. 153) were active drug users at the time of the survey. Amongst the 153 drug users, the main drugs consumed were heroin (68%), benzodiazepines¹² (35%) and methadone (31%). Main types and numbers using are:

¹¹ Challenging behaviour ranges between signs of aggression, violence or withdrawn behaviour.

¹² Benzos are usually used to treat anxiety disorders and can include medication such as Valium, Xanax, Klonopin, Ativan.

MOST COMMON USED DRUGS AND NUMBERS USING THEM¹³

Heroin	Benzos	Methadone	Cannabis	Head Shop Substances
104	53	47	31	29

2.12.1 Poly-drug Use

Of the people using drugs, 57% (*n.91*) use two or more drug types. Of these 91 individuals 40% (*n.37*) use three or more types of drugs.

Overall 23.5% (*n. 82*) of respondents use both alcohol and drug users.

2.12.2 Intravenous Use and Viral Screenings

Overall the survey showed that there were 81 intravenous drug users. Of these nearly 40% had not had a viral screening in the last 12 months.

2.12.3 Complications due to Drug Use

Overall, of the 153 active drug users 54% (*n.83*) had complications arising from drug use. Of these, the most commonly stated was vein damage (46%); Hepatitis B and/or C (43%); and abscesses (24%).

2.12.4 Dual Diagnosis¹⁴

There is extensive occurrence of dual diagnosis throughout the services with 43.1% of people who use drugs also diagnosed with a mental health condition (*n. 62*). The occurrence of this is highest in emergency accommodation.

2.13 Accessing Medical Services

Of those surveyed over 86% were registered with a GP while 12% were not (1.1% did not answer).

In the month prior to the survey a total of 85 presentations were made to Accident and Emergency (A&E). Many of those presenting, accessed the service on more than one occasion during the month period:

PRESENTATIONS TO A&E

1 presentation	2 presentations	3 presentations	5+ presentations
41 12.7%	11 3.4%	4 1.2%	2 .6%

In conjunction to presentations to A&E, 48 people were out patients in the month prior to the survey while 27 people were in patients in the same month¹⁵.

¹³ Use of benzos and methadone can be for the benefit of the patients and are not necessarily regarded as drug misuse substances. The next section - complications arising from drug use - highlight the cases where the use of such may be problematic.

¹⁴ Dual Diagnosis is the term used when a person suffers from both a substance addiction problem and another mental health issue such as depression or an anxiety disorder.

¹⁵ In patients access service during the day for treatment; out patients are residents of service for period of treatment

3. Commentary & Recommendations

3.1 Multiple Physical and Mental Health Conditions

The number of physical and mental health conditions, both diagnosed and undiagnosed, prevalent in Dublin Simon Community services over a one week period highlight the complex needs of those experiencing homelessness. While physical and mental health figures were extensively high (60% and 44% respectively), over 23% (*n.83*) had both a diagnosed physical and a diagnosed mental health condition. These figures alone show that homelessness cannot be solved solely with accommodation but that it is vital the relevant health, social and welfare supports are in place.

The incidence of this was highest in treatment services where 34% of survey respondents had both a diagnosed physical and mental health condition (over 65% had a diagnosed physical health condition and 45% had a diagnosed mental health condition). This high rate of detection could also be due to the presence of a nurse and doctor in the service.

The occurrence of more than one diagnosed condition is also very high in our supported housing services where almost 29% of survey respondents had both a diagnosed physical and mental health condition (over 60% had a diagnosed mental health condition).

Main point: Nearly a quarter of all people accessing Dublin Simon Community services presented with both a diagnosed physical health and a diagnosed mental health condition. This intensifies the need for the provision and access to both mainstream and specialised health and social supports that are appropriate and responsive to the needs of people experiencing homelessness. This may be on an inreach and outreach basis.

3.2 Mental Health and Challenging Behaviour

The profuse appearance of mental health conditions throughout Dublin Simon Community services combined with the high levels of challenging behaviour and suicide ideation recorded signify the demanding nature of the work carried out by Dublin Simon staff. In the six months prior to the survey, 10% (*n.14*) of people with a mental health condition had attempted suicide while over 22% (*n.32*) had considered such. These results also demonstrate the importance of having a mental health specialist involved in the multi-disciplinary teams.

Recommendation: The research shows that there is a one in ten chance that someone with a mental health condition in homeless services will subsequently attempt to commit suicide. The inclusion of a mental health specialist is vital in homeless services and multi-disciplinary teams due to this high rate of mental health conditions (predominantly depression), suicide, and attempted suicide.

3.3 Dual Diagnosis

The occurrence of dual diagnosis is extremely high in homeless services. Over 40% of active drug users have a diagnosed mental health condition making their support and treatment much more complicated for project staff. Currently there is a very weak set-up for working with dual diagnosis patients in mainstream healthcare and this deteriorates further when looking at the homeless sector.

Recommendation: Continued access to multi-disciplinary teams and the Access Team which is psychiatrist led. There is a need for further psychiatric services to be accessible to people experiencing homelessness and the threshold for access needs to be lowered to allow equal access. This would result in the ability to work more effectively with dual diagnosis patients who would be able to avail of the necessary and required services.

3.4 Presentations to A&E

The research also highlights high numbers of presentations to A&E in the four weeks prior to the survey with a total of 85 presentations during this time. Of those presenting to A&E (n.58), 29% (n.17) presented two or more times during this period. The necessity for so many presentations to A&E is a huge expense to medical services with the average presentation ranging in cost from €85 to €281¹⁶.

Recommendations: The number of people in homeless services presenting to A&E is costing the taxpayer/HSE money. In the month before this survey there was a cost between respondents who presented to A&E cost between €7,000 - €24,000 to the Irish taxpayer. The appropriate and extended supports in homeless services (eg. nurse) can help prevent any unnecessary presentations to A&E and also result in huge cost savings to the HSE/taxpayer.

3.5 Length of time homeless

The above results in section 3.1 regarding multiple needs in supported housing could, at some level, be linked to the length of time spent homeless by people currently residing in supported housing. In these services extensive long-term homelessness (5 years or more) is at its peak throughout these services with 54% homeless for five years or more.

Many of those homeless for five years or more are currently in Supported Housing. With the implementation of the reconfiguration plan of the *Pathway to Home*, residents currently in Supported Housing will be granted tenancies which, at that time, will change their accommodation status.

¹⁶ Comptroller and Auditor General's Special Report 70 on Emergency Departments, February, 2010.

Overall people's experience of long-term homelessness¹⁷ (excluding DCTS) is at 90% highlighting that there is currently no quick route out of homelessness. This period of time spent by people on the streets, in emergency accommodation and moving from inappropriate housing no doubt influences their physical and mental health.

The high rate of people seeking services of the Dublin Simon Rough Sleeper Team¹⁸ who have been homeless for five years or more (46.7%) again highlights the nature of people moving in and out of temporary accommodation as opposed to being able to access a direct route out of homelessness with relevant move on options and supports available.

Recommendation: Results suggest that the longer someone remains in homelessness the more likely they are to suffer multiple mental health conditions, physical health conditions and addiction issues. Adequate move on accommodation with support needs to be supplied to help people move out of homelessness quickly, prior to them becoming entangled in the vicious cycle of homelessness.

3.6 Habitual Residence Condition

The numbers affected by HRC responding to this survey is extremely low in comparison to what we recognise as an extensive problem for people experiencing homelessness. It is a continual grievance for Dublin Simon staff trying to assist people who are HRC affected due to the fact that they cannot access appropriate accommodation or medical services. The number of people Dublin Simon works with for whom HRC is a barrier is higher than suggested by these survey results. This is due to a language barrier and the option to refuse to fill out a survey which was a preferred option for many people who were HRC affected.

Recommendation: Immediate steps need to be taken to review HRC and revise the areas of the legislation that are preventing people from accessing accommodation and required medical services. In terms of this survey, there will be a concentrated focus on HRC in any future surveys to help determine further the extent of the problem.

3.7 Reasons for Homelessness

It is interesting to note that in the reasons for homelessness category, non-health and substance abuse related reasons are extremely high. Just under 50% of reasons given were outside of these and included family conflict, relationship breakdown, and being asked to leave by family. This highlights that the reason someone first becomes homeless is not always substance abuse related and that health conditions are much rarer concerns prior to homelessness and become more frequent and serious the longer someone spends in homelessness.

¹⁷ The Government definition for long-term homeless is six months or more in homeless accommodation.

¹⁸ Those respondents from the Rough Sleeper Team are not necessarily rough sleeping and are often in different emergency accommodations or looking to access such.

Recommendation: A concerted effort should be made by organisations working in homelessness to highlight to the general public that substance abuse is often a consequence as opposed to a cause of homelessness.

4. Further Breakdown of Results by Service Category

This section includes a further breakdown of some of the areas referred to in section 2 and 3. The breakdown¹⁹ is done by service category to look at the different needs presenting themselves to specific Dublin Simon services as opposed to overall services.

4.1 Rough Sleeper Team

There were 92 respondents from people using Rough Sleeper Team services.

4.1.1 Profile

86% (*n.79*) were male; 14% (*n.13*) were female

The majority age group was 26 – 35 years.

14% (*n.13*) were 18 – 25 years

40% (*n.37*) were 26 – 35 years

29% (*n.27*) were 36 – 45 years

12% (*n.11*) were 46 – 55 years

3% (*n.3*) were 56 – 65 years

1% (*n.1*) were 66 – 75 years

4.2.2 Length of Time Homeless

3% (*n.3*) homeless < 3 months

8% (*n.7*) homeless 3 – 6 months

5% (*n.5*) homeless 7 months – 1 year

22% (*n.20*) homeless 1 – 3 years

9% (*n.8*) homeless 3 – 5 years

47% (*n.43*) homeless 5+ years

7% (*n.6*) unknown

4.1.2 Accommodation Type

The five main accommodation types were:

47% (*n.43*) were in emergency accommodation

26% (*n.24*) were rough sleeping

9% (*n.8*) were in Bed and Breakfast accommodation

7% (*n.6*) were in other²⁰ accommodation

4% (*n.4*) were in private rented with no support

4.1.3 Social Welfare Supports

Of the 92 people who responded

29% (*n.27*) had no medical card

??? were in receipt of social welfare

1% (*n.1*) is in receipt of a pension

36% (*n.33*) were in receipt of disability allowance

¹⁹ Percentages are rounded to the nearest whole number. Specific number the percentage relates to is in a bracket which adds clarification in the cases where not all respondents may have answered a specific question.

²⁰ Other accommodation denotes

12% (*n.11*) were affected by HRC

4.1.4 Physical/Mental Health

Of the 92 respondents:

66% (*n. 60*) had a diagnosed physical health condition

32% (*n.29*) of all respondents had 2 or more diagnosed physical health conditions

A further 34% (*n.30*) had symptoms suggesting a physical health condition which at the time of the snap shot survey was not diagnosed.

38% (*n.35*) had a diagnosed mental health condition

8% (*n.7*) of all respondents had 2 or more mental health conditions

A further 22% (*n.14*) had symptoms suggesting a mental health condition which at the time of the snap shot survey was not diagnosed.

Of the above 24% (*n.22*) have both a diagnosed physical and mental health condition.

4.1.5 Alcohol/Drug Use

Of the 92 respondents 58% (*n. 54*) were alcohol users

63% (*n. 58*) are active drug users

33% use both alcohol and drugs

4.1.6 Self-Harm & Attempted Suicide

Of the 92 respondents accessing the Rough Sleeper Team:

21% (*n.19*) had behavioural issues

21% (*n.19*) engaged in self-harm

22% (*n.20*) had expressed suicidal thoughts

13% (*n.12*) had attempted suicide in the previous six months

4.2 Emergency Accommodation

There were 61 respondents from people staying in our Emergency Accommodations²¹.

4.2.1 Profile

87% (*n.53*) were male; 13% (*n.8*) were female

The majority age group was 26 – 35 years.

5% (*n.3*) were 18 – 25 years

39% (*n.24*) were 26 – 35 years

30% (*n.18*) were 36 – 45 years

26% (*n.16*) were 46 – 55 years

4.2.2 Length of Time Homeless

16% (*n.10*) homeless < 3 months

²¹ Dublin Simon Community has three emergency accommodations: Harcourt St. D2, Eblana Dun Laoghiare, and Island House, Ushers Quay

12% (*n.7*) homeless 3 – 6 months
8% (*n.5*) homeless 7 months – 1 year
23% (*n.14*) homeless 1 – 3 years
15% (*n.9*) homeless 3 – 5 years
26% (*n.16*) homeless 5+ years

4.2.3 Social Welfare Supports

Of the 61 people who responded
33% (*n.20*) had no medical card
??? were in receipt of social welfare
7% (*n.4*) were in receipt of the pension
28% (*n.17*) were in receipt of disability allowance
0% (*n.0*) were affected by HRC

4.2.4 Physical/Mental Health

Of the 61 respondents:
49% (*n.23*) had a diagnosed physical health condition
15% (*n.7*) of all respondents had 2 or more diagnosed physical health conditions
A further 36% (*n.13*) had symptoms suggesting a physical health condition which at the time of the snap shot survey was not diagnosed.

33% (*n.15*) had a diagnosed mental health condition
4% (*n.2*) of all respondents had 2 or more mental health conditions
A further 22% (*n.6*) had symptoms suggesting a mental health condition which at the time of the snap shot survey was not diagnosed.

Of the above 10% (*n.6*) have both a diagnosed physical and mental health condition.

4.2.5 Alcohol/Drug Use

Of the 61 respondents 61% (*n. 37*) used alcohol (there were 7 unknowns)
61% (*n.37*) are active drug users
27% (*n. 22*) were both drug and alcohol users

4.2.6 Self-Harm & Attempted Suicide

Of the respondents to these questions:
10% (*n.6*) had behavioural issues
7% (*n.4*) engaged in self-harm
10% (*n.5*) had expressed suicidal thoughts
4% (*n.2*) had attempted suicide in the previous six months

4.3 Treatment Services

Dublin Simon Treatment Services consist of low threshold residential detox, rehab and aftercare. From these services there were 35 respondents.

4.3.1 Profile

80% (*n.28*) were male; 20% (*n.7*) were female

The majority age group was 46 – 55 years.

0% (*n.0*) were 18 – 25 years

14% (*n.5*) were 26 – 35 years

26% (*n.9*) were 36 – 45 years

46% (*n.16*) were 46 – 55 years

9% (*n.3*) were 56 – 65 years

6% (*n.2*) were unknown

4.3.2 Length of Time Homeless

6% (*n.2*) homeless < 3 months

3% (*n.1*) homeless 3 – 6 months

23% (*n.8*) homeless 7 months – 1 year

26% (*n.9*) homeless 1 – 3 years

9% (*n.3*) homeless 3 – 5 years

23% (*n.8*) homeless 5+ years

11% (*n.4*) unknown

4.3.3 Social Welfare Supports

Of the 35 people who responded

3% (*n.1*) had no medical card

??? were in receipt of social welfare

6% (*n.2*) were in receipt of a pension

54% (*n.19*) were in receipt of disability allowance

0% (*n.0*) were affected by HRC

4.3.4 Physical/Mental Health

Of the 35 respondents:

66% (*n.23*) had a diagnosed physical health condition

37% (*n.13*) of all respondents had 2 or more diagnosed physical health conditions

A further 29% (*n.10*) had symptoms suggesting a physical health condition which at the time of the snap shot survey was not diagnosed.

46% (*n.16*) had a diagnosed mental health condition

20% (*n.7*) of all respondents had 2 or more mental health conditions

A further 46% (*n.16*) had symptoms suggesting a mental health condition which at the time of the snap shot survey was not diagnosed.

Of the above 34.3% (*n.12*) have both a diagnosed physical and mental health condition.

4.3.5 Alcohol/Drug Use

Of the 61 respondents 66% (*n. 23*) were alcohol users

34% (*n.12*) are active drug users

11% (*n. 9*) were both drug and alcohol users

4.3.6 Self-Harm & Attempted Suicide

Of the respondents to these questions:

29% (*n.10*) had behavioural issues

14% (*n.5*) engaged in self-harm

14% (*n.5*) had expressed suicidal thoughts

14% (*n.5*) had attempted suicide in the previous six months

4.4 Supported Housing

Dublin Simon Supported Housing includes varying levels of support. There are four services: Canal Road, NCR, Sean Mac; Dorset St²². From these services there were 80 respondents to the survey.

4.4.1 Profile

76% (*n.61*) were male; 24% (*n.19*) were female

The majority age group was 46 – 55 years.

4% (*n.3*) were 18 – 25 years

14% (*n.11*) were 26 – 35 years

24% (*n.19*) were 36 – 45 years

30% (*n.24*) were 46 – 55 years

23% (*n.18*) were 56 – 65 years

4% (*n.3*) were 66 – 75 years

3% (*n.2*) were 75+

4.4.2 Length of Time Homeless

2% (*n.1*) homeless < 3 months

10% (*n.6*) homeless 3 – 6 months

0% (*n.0*) homeless 7 months – 1 year

18% (*n.11*) homeless 1 – 3 years

13% (*n.8*) homeless 3 – 5 years

54% (*n.33*) homeless 5+ years

3% (*n.2*) unknown

4.4.3 Social Welfare Supports

Of the 80 people who responded

9% (*n.7*) had no medical card

??? were in receipt of social welfare

8% (*n.6*) were in receipt of a pension

80% (*n.64*) were in receipt of disability allowance

0% (*n.0*) were affected by HRC

4.4.4 Physical/Mental Health

Of all the respondents to this section:

²² The use of this service is in a period of change from transitional to supported emergency, and is categorised as supported accommodation due to the majority nature of the service provided at the time.

55% (*n.42*) had a diagnosed physical health condition
34% (*n.26*) of all respondents had 2 or more diagnosed physical health conditions
A further 25% (*n.17*) had symptoms suggesting a physical health condition which at the time of the snap shot survey was not diagnosed.

60% (*n.45*) had a diagnosed mental health condition
16% (*n.12*) of all respondents had 2 or more mental health conditions
A further 38% (*n.21*) had symptoms suggesting a mental health condition which at the time of the snap shot survey was not diagnosed.

Of the above 29% (*n.23*) have both a diagnosed physical and mental health condition.

4.4.5 Alcohol/Drug Use

Of the 80 respondents 63% (*n. 50*) were alcohol users
34% (*n.27*) are active drug users
17% (*n. 14*) were both drug and alcohol users

4.4.6 Self-Harm & Attempted Suicide

Of the respondents to these questions:
22% (*n.17*) had behavioural issues
10% (*n.7*) engaged in self-harm
12% (*n.9*) had expressed suicidal thoughts
4% (*n.3*) had attempted suicide in the previous six months

4.5 Settlement Services

Dublin Simon Community provides Tenancy Sustainment²³ and Resettlement services. From these services there were 81 respondents to the survey.

4.5.1 Profile

70% (*n.57*) were male; 30% (*n.24*) were female

The majority age group was 36 – 45 years.

7% (*n.6*) were 18 – 25 years
17% (*n.14*) were 26 – 35 years
37% (*n.30*) were 36 – 45 years
26% (*n.21*) were 46 – 55 years
12% (*n.10*) were 56 – 65 years
0% (*n.0*) were 66 – 75 years
0% (*n.0*) were 75+

4.5.2 Length of Time Homeless (Resettlement Only)

²³ Dublin City Tenancy Sustainment provides support to people in their own tenancies hence this category is separated when considering length of time homeless. Those accessing these services have previously been homeless or are in danger of becoming so.

4% (*n.1*) homeless < 3 months
21% (*n.5*) homeless 3 – 6 months
13% (*n.3*) homeless 7 months – 1 year
42% (*n.10*) homeless 1 – 3 years
17% (*n.4*) homeless 3 – 5 years
4% (*n.1*) homeless 5+ years

4.5.3 Current Accommodation Type

The five main common types were:
33% (*n.27*) Local Authority, Supported
32% (*n.26*) Private Rented, Supported
16% (*n.13*) Emergency Accommodation
9% (*n.7*) Bed & Breakfast Accommodation
5% (*n. 4*) Transitional Accommodation

4.5.4 Social Welfare Supports

Of the 81 people who responded
11% (*n.9*) had no medical card
??? were in receipt of social welfare
0% (*n.0*) were in receipt of a pension
42% (*n.34*) were in receipt of disability allowance
1% (*n.1*) was affected by HRC

4.5.5 Physical/Mental Health

Of all the respondents to this section:
59% (*n.47*) had a diagnosed physical health condition
29% (*n.23*) of all respondents had 2 or more diagnosed physical health conditions
A further 16% (*n.13*) had symptoms suggesting a physical health condition which at the time of the snap shot survey was not diagnosed.

41% (*n.33*) had a diagnosed mental health condition
10% (*n.8*) of all respondents had 2 or more mental health conditions
A further 6% (*n.5*) had symptoms suggesting a mental health condition which at the time of the snap shot survey was not diagnosed.

Of the above 25% (*n.20*) have both a diagnosed physical and mental health condition.

4.5.6 Alcohol/Drug Use

Of the 80 respondents 36% were alcohol users
24% (*n.19*) are active drug users
12% (*n. 10*) were both drug and alcohol users

4.5.7 Self-Harm & Attempted Suicide

Of the respondents to these questions:
5% (*n.4*) had behavioural issues

22% (*n.6*) engaged in self-harm
29% (*n.8*) had expressed suicidal thoughts
11% (*n.3*) had attempted suicide in the previous six months