Working with those on the margins

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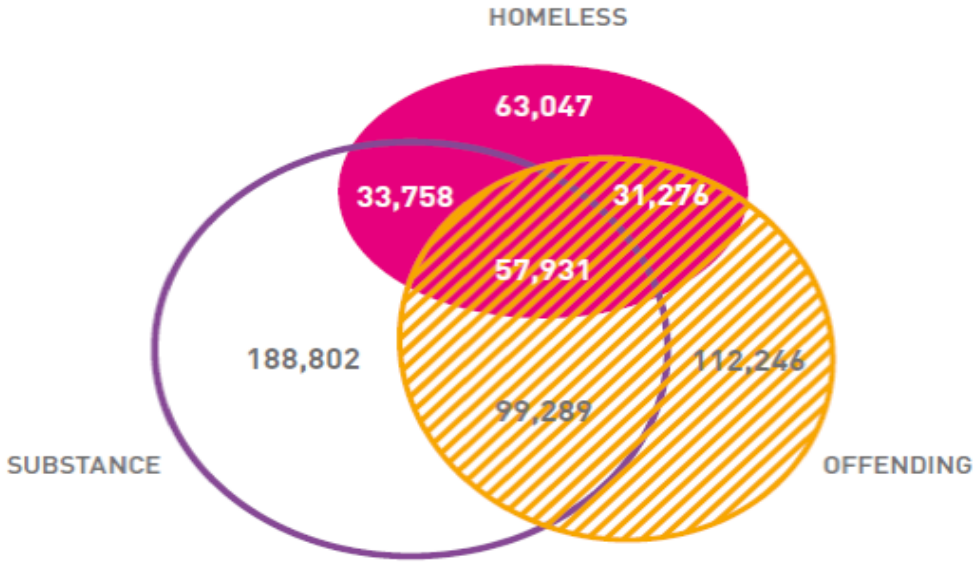
Who are the severely marginalised in our society?

- On the extreme margins of social disadvantage are adults involved in the homelessness, substance misuse and criminal justice systems, with poverty and mental ill health almost universal



Severe and multiple disadvantage

- Why is this disadvantaged group different?
- 'Distinguishable from the other forms of social disadvantage because of the **degree of stigma and dislocation from societal norms** that these intersecting experiences represent… as they push people to the edge of the mainstream'

Hard Edges: Mapping severe and multiple disadvantage. Lankelly Chase Foundation. 2015. http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/

Mixed methods study of older people with a drug problem;

The following is a summary of the key findings.

Data was collected from 123 OPDP, 93 male 30 female.
Participants were 35-57 years old with a mean age of 41 years.

- Drug use became ‘problematic’ at a mean age of 25 years

- 91% had been homeless at some time in their lives
- 79% were living alone
- 95% were on welfare benefits (three individuals worked)
- 96% had convictions for any offences, 84% had been in prison

- 5 individuals had *never* been in treatment
- 37% had been in treatment five or more times, av. length less than 3 months
- 75% were in opiate replacement treatment
- 75% had overdosed at some time in their lives

- 95% suffered from depression, 89% suffered from anxiety
- 53% suffered from chronic pain
- 80% on prescribed medicines other than ORT, with antidepressants most frequently noted
- 32.5% used over the counter medicines

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Key issues emerging -

- *Mental health and isolation*
- *Stigma around drug use and age*
- *The need to talk*
- *Feeling 'forgotten about' in treatment*
- *Pain/health management*
- *Impact of welfare reform*
- *Punitive nature of some treatment services*

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Mental Health and isolation

" I've been so poor. So suicidal all the time, self-harming all the time, I cry constantly, I find it hard to go out on my own. I'd rather be locked in my house. But the ladies here [support service] *are encouraging me to come down"* (female, 47 years)

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Stigma

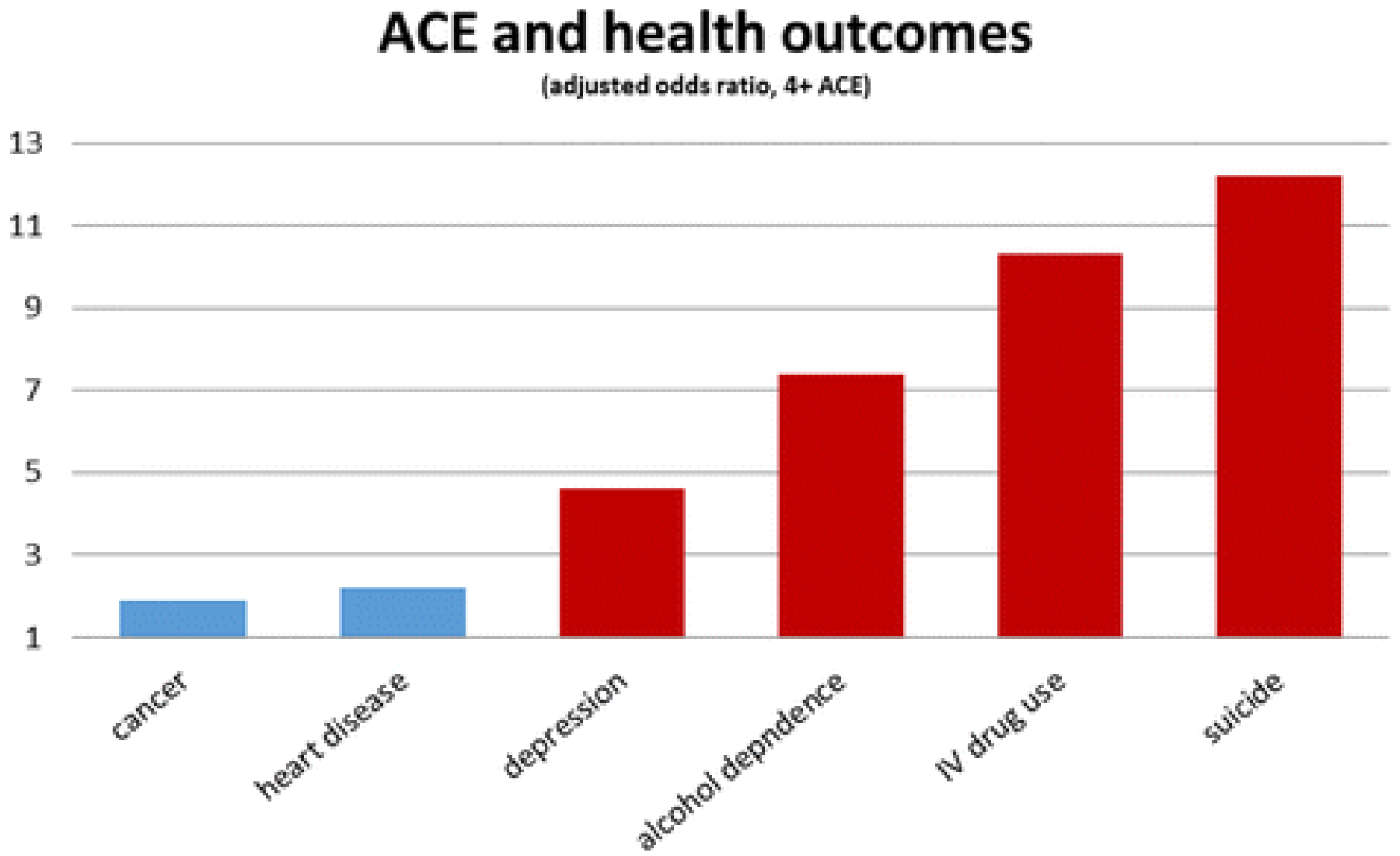
"Aye, we're older, so basically they don't care about us, know what I mean, whereas younger ones, they are trying to get them to the stage of getting them come off it right, so cos we're older, we've been on it longer, so, they're like that, they're lookin at us going "Waste of space", they won't come off it now" (female, 40 years)

Stigmatising and self harming behaviours and the links to Adverse Childhood Experiences……

Moving from what's wrong with you, to what's happened to you?

The case for routine enquiry

Association of childhood adversity with some adult physical health problems (shown in *blue*) and mental health and addiction problems (shown in *red*). The graph is adapted from Felitti [12], & shows odds ratios adjusted for age, gender, race, and educational attainment for adults exposed to four or more Adverse Childhood Experiences (ACE)



CENTRALITY OF RELATIONSHIPS

Initially face to face, eventually side by side

Julian Tudor Hart
A NEW KIND OF DOCTOR

PIE

An environment -

- In which the **nature and quality of relationships between participants or** members would be recognised and highly valued
- Where the participants share some **measure of responsibility for the environment as a whole, and** where all participants – staff, volunteers and service users alike – are **equally valued and supported in their particular contribution**
- Where **engagement and purposeful** activity is encouraged
- Where there are opportunities for **creativity and initiative, whether s**pontaneous or shared and planned
- Where decision-making is **transparent,** and both formal and informal leadership roles are acknowledged
- Where power or authority **is clearly accountable and open to discussion**
- Where **behaviour, even when potentially** disruptive, is seen as **meaningful, as a** communication to be understood.

  Source: Haigh et al., 2012

Equality Act 2010

- Public Sector Equality Duty to have ‘due regard to’…the need to advance equality of opportunity. (section 149)

- The Act also sets out that:
- meeting different needs includes (among other things) taking steps to take account of disabled people’s disabilities
- fostering good relations means tackling prejudice and promoting understanding between people from different groups
- meeting the general equality duty may involve treating some people more favourably than others.

What works in inclusion health?

- Address poverty - The most effective upstream prevention policy is likely to be reduction of material poverty and deprivation, especially among families with children who are at high risk of maltreatment.
- Housing - People who have experienced exclusion have identified appropriate housing as the most important intervention, and systematic reviews have established the effectiveness of this intervention for improving health and social outcomes.
- Physical and mental illness, and addiction – services need to tackle this so-called tri-morbidity
- Removal of barriers to access - uptake of services can be accelerated by involving people who have experience of social exclusion.
- Opioid replacement therapy is highly effective

- Luchenski et al, Lancet 2017 (**http://dx.doi.org/10.1016/S0140-6736(17)31959-1)**

Opioid Substitute treatment (OST)

Findings of systematic reviews;

Increased engagement and retention of problematic drug users in health services.
Reductions in HIV and other infections.
Reduction in criminal offending.

Observational studies show reductions in deaths;

Introduction of OST in Barcelona associated with an increase of *21 years in the life expectancy of heroin users (Brugal et al 2005).*
Threefold increase in OST in Sweden, 2000-2006, associated with a *reduction in opiate deaths of 20-30% (Romelsjö et al 2010)*

*OST works for older people (*Lofwall et al., 2005. Fareed et al., 2009).

Comprehensive and Accesible Services

- Multimorbidity at an early age – chronic disease management
- Commonest co-morbidity is mental health problems
- High rates of COPD – need for stop smoking Rx, screening + spirometry
- Polypharmacy with multiple meds/drugs effecting respiratory function
- Liver problems – Hepatitis C treatment as routine part of drug treatment
- Chronic Pain and concerns over drug seeking – need honest and realistic discussions
- Poverty and feelings of powerlessness – welfare rights and income maximisation
- Social isolation and need for meaningful activity
- Housing support + advocacy

- PSYCHOLOGICALLY INFORMED SERVICES WITH HARM REDUCTION AS OUR GUIDING PRINCIPLE

Hope

"I would just like to get a job and all that and just be like a normal person, but certain months of the year take a break, take a holiday and … (I'd) just like to be living like the same mundane existence that eight tenths of the population are living."