Exploring the Health Needs of the Homeless Population in The Black Country, West Midlands.

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Introduction

The Black Country is a large urban conurbation in the West Midlands, that experiences significant deprivation. Homeless people experience poorer physical and mental health than the general population[1] and in order to understand the health inequalities experienced by homeless people in the Black Country, Walsall Council has conducted a health needs assessment with the objective of better characterising health needs in this group.

Methods

Hospital Episode Statistics (HES) data from across the four local authorities of the Black Country for hospital admissions between 2013-2023 were extracted from the Data Access Environment (DAE) and were transformed using the R statistical language. ICD-10[2] codes relating to homelessness (*i.e.* Z59), and the accompanying clinical diagnoses were analysed in this cohort, and rates compared to the general population. Data were visualised and analysed in Excel and Power BI.

Results

Between 2013 and 2023, there were **1015** admissions in Black Country patients that included the "homelessness" ICD-10 code.
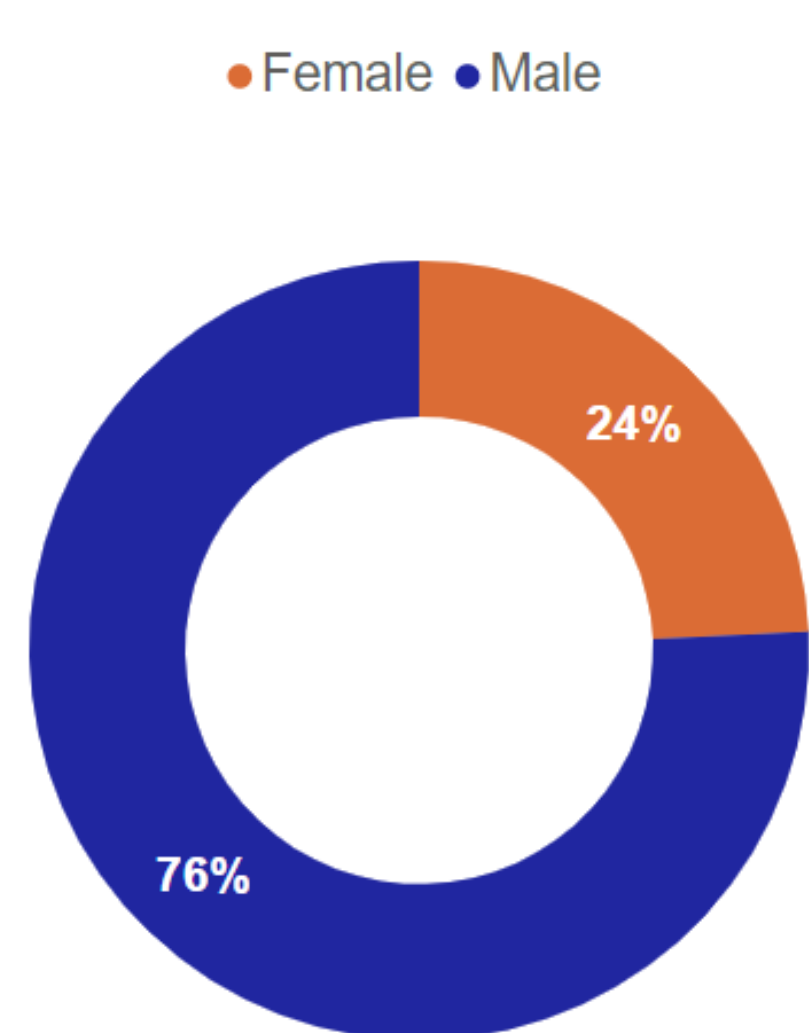

Figure 1: Sex of individuals admitted to hospital with the code "homelessness".

Female 24% — Male 76%

Demographic characterisation of the cohort showed a significantly disproportionate number of males compared to admissions in the general population.

Table 1: Ethnicity of patients admitted to hospital in the general population and homeless cohorts.

Ethnic Group	Total	Homelessness
White	70.34%	70.44%
Not known	9.67%	13.00%
Indian	7.00%	6.40%
Pakistani	3.62%	1.18%
Black – Caribbean	2.40%	1.77%
Mixed	1.94%	1.67%
Any other ethnic group	1.39%	1.77%
Other Asian	1.18%	1.77%
Black – African	1.03%	0.49%
Bangladeshi	0.66%	0.20%
Black – Other	0.61%	1.18%
Chinese	0.13%	0.10%
Total	**100.00%**	**100.00%**

In White and Indian individuals, the proportion of admissions for homelessness was representative of admissions in the population as a whole, and the proportion of homelessness admissions in Pakistani individuals was low relative to the proportion of overall admissions in this group.

Data quality around ethnicity was poorer in the homeless cohort, with 13% "Not known".

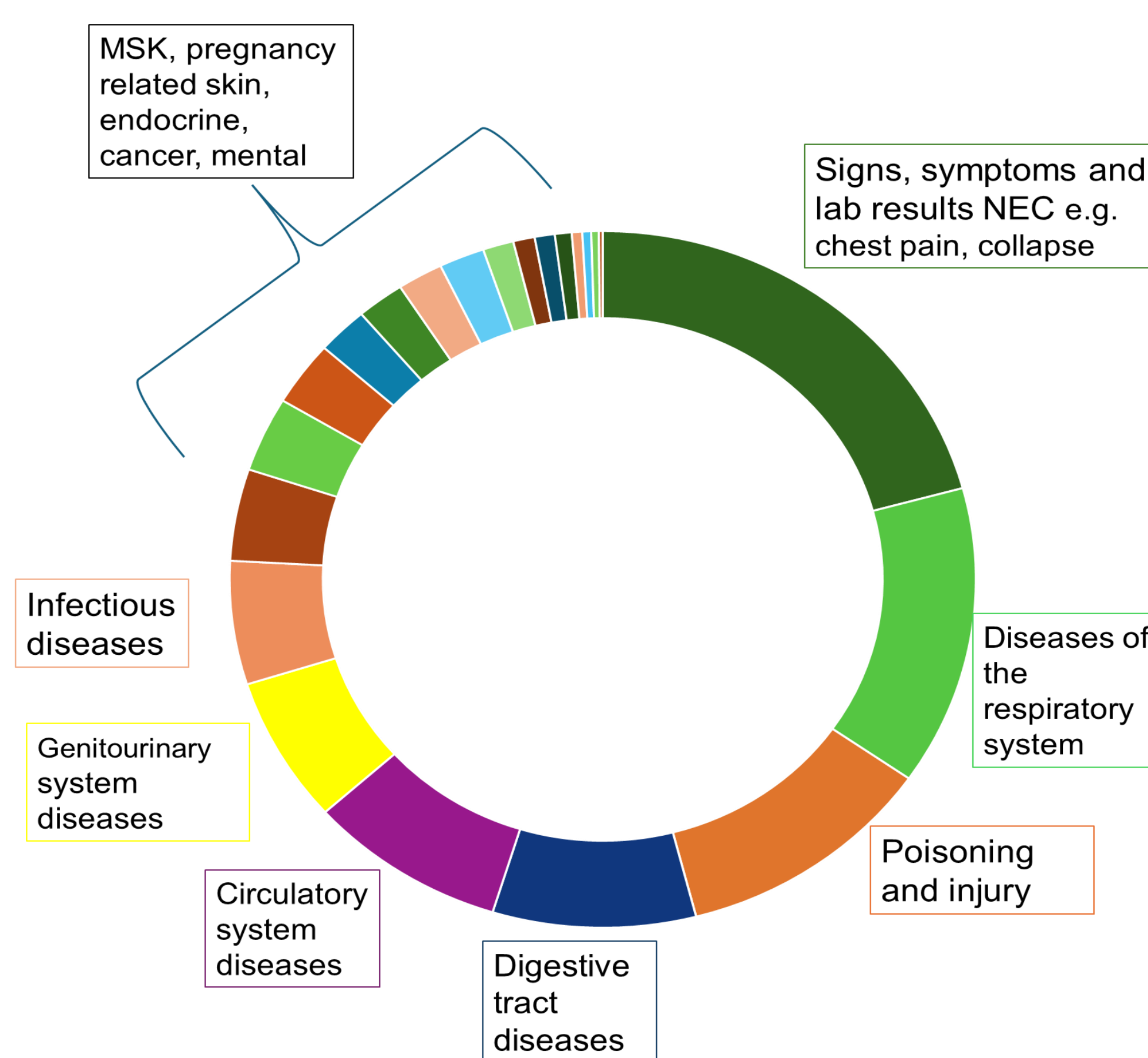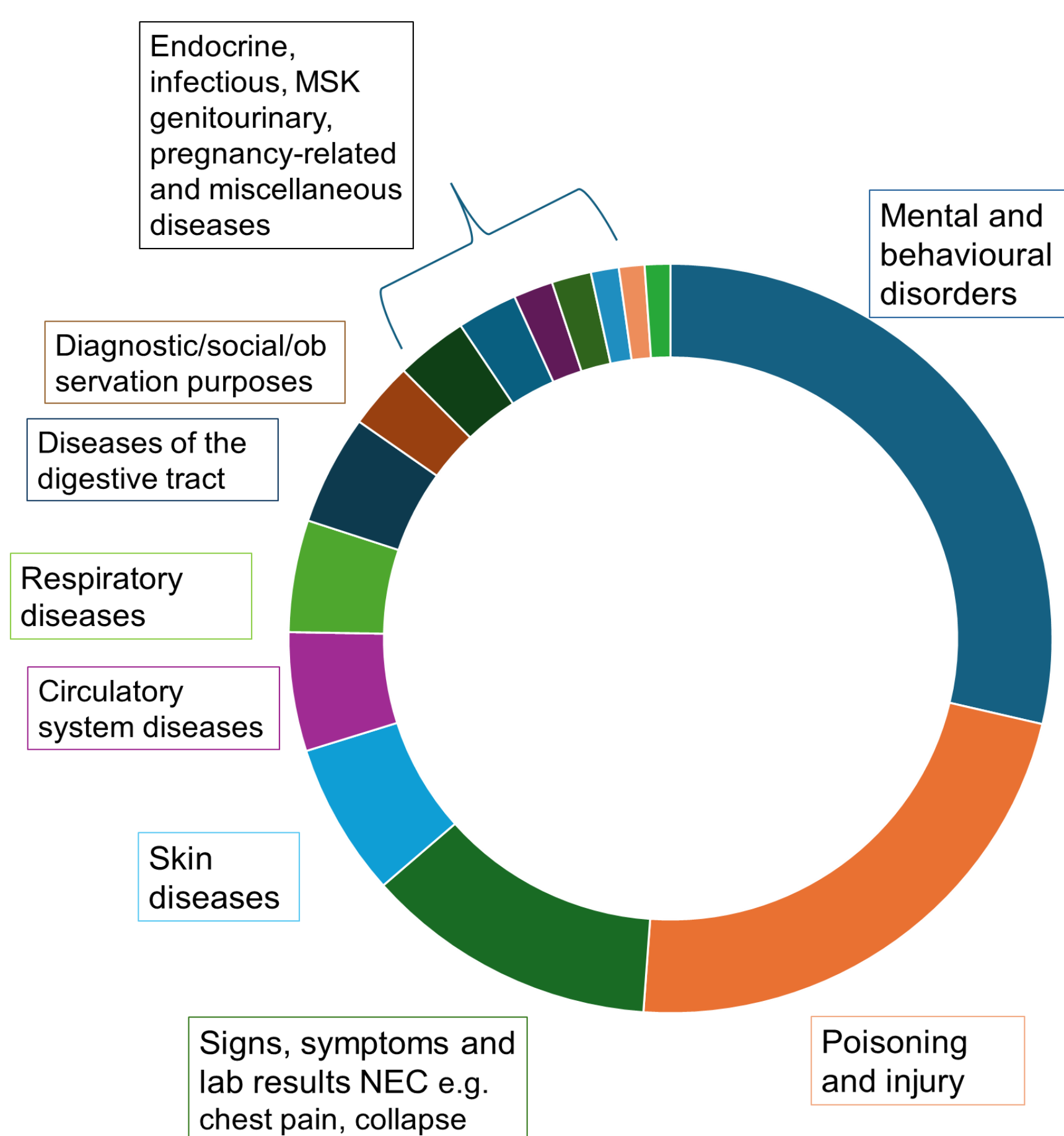Figure 2: Primary diagnoses in hospital admissions in all patients in the Black Country

MSK, pregnancy related skin, endocrine, cancer, mental

Signs, symptoms and lab results NEC e.g. chest pain, collapse

Infectious diseases

Diseases of the respiratory system

Genitourinary system diseases

Poisoning and injury

Circulatory system diseases

Digestive tract diseases

Figure 3: Primary diagnoses in hospital admissions in patients coded as homeless in the Black Country

Endocrine, infectious, MSK genitourinary, pregnancy-related and miscellaneous diseases

Mental and behavioural disorders

Diagnostic/social/ob servation purposes

Diseases of the digestive tract

Respiratory diseases

Circulatory system diseases

Skin diseases

Signs, symptoms and lab results NEC e.g. chest pain, collapse

Poisoning and injury

In the overall population, the most common group of admission diagnoses was 'signs, symptoms and lab results not elsewhere classified', making up 20.8% of admissions. The most common problems within this category were chest pain and abdominal pain. The second most common were respiratory infections, making up 13.9% of admissions. 'Poisoning and injury' made up only 11.2% of admission reasons and **'mental and behavioural disorders' made up only 1.9% of admissions.**

However, in the homeless cohort, the most common group of primary admission diagnosis was '**mental and behavioural disorders', which made up 29% of admissions,** of which 46% were related to alcohol misuse.

The second most common group of primary admission diagnoses was 'poisoning and injury' involving a range of drugs and medications and various types of injury. This made up 22% of admissions.

	Overall population	Homeless population
Discharged self	1.59%	11.43%

The homeless cohort also had a higher rate of self-discharge (or discharge by a relative) than the general overall admitted population. This emphasises that further support and education is needed to ensure good healthcare provision in this vulnerable group.

Discussion and Conclusions

This work illustrates the high burden of mental, behavioural and drug issues in the population of homeless individuals admitted to hospital, particularly in males. The data we have do not differentiate different types of homelessness and may be more likely to represent our street homeless communities.

This insight is valuable in advocating for increased and targeted support to homeless individuals regarding mental health, drug and alcohol issues. This would ideally be via preventative and ongoing methods, to avoid unnecessary admissions and keep patients well in the community.

These data will be used alongside qualitative insights from homeless individuals in the Black Country, and the professionals who work with them, to inform local homelessness and health inequalities strategies to improve the care and support received by these extremely vulnerable individuals.

References

1) Health and wellbeing | Homelessness Knowledge Hub | Crisis UK
2) International Classification of Diseases (ICD) | https://www.datadictionary.nhs.uk