

The Link Between Medication Management and Housing Stability

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There are many links between medication management and housing stability for those who have previously experienced homelessness. While not all previously homeless people are on medication, those who are tend to be more stable the closer they follow their medication regimen as prescribed by their health care professional. This medication can be either to stabilize a physical health condition, or to work towards mental health recovery. Medication compliance or adherence is challenging for a many members of society, but can have a larger effect on those who are lacking housing stability, including those newly in housing after long periods of homelessness. However, certain strategies can be put into place to work towards positive medication management and housing stability.

Those who have experienced homelessness frequently have poorer physical and mental health than the general population. They are at a disproportionately higher risk for negative health consequences (Kidder, Wolitsky, Campsmith, & Nakamura, 2007). They are at an increased risk for chronic diseases, mental health problems and infection (Kidder et al., 2007). Since the 1980s, researchers have consistently found a higher likelihood of hypertension, HIV, tuberculosis, and respiratory illness in the homeless population (Zlotnick, Zerger, & Wolfe, 2013). Often economic poverty, addiction and lack of mental wellness compound the other health problems (Kidder et al., 2007). Economic poverty and homelessness contribute to poor health by presenting barriers to self-care and access to health services (Zlotnick et al., 2013). When someone is experiencing homelessness, he or she also has heightened exposure to communicable diseases through crowded conditions, like shelters (Zlotnick, 2013). While this population is subjected to the same illnesses as the general population, they are pre-disposed to the exacerbation of disease and illness due to their unique circumstances (Nyamathi & Shuler, 1989). Unfortunately, if people become housed, the physical and mental health barriers they face will still need to be addressed. Housing alone often is not enough.

For some individuals, medication is a way to help address poor physical and mental health, as it can be used to cure certain ailments or to help reduce the symptoms of chronic, life long conditions. Prescription drugs can be effective in relieving symptoms and improving quality of life for the individual (Dash-Martyr, 2003). While medication is not the only option for physical and mental health

ailments, many medical professionals focus on medication in their treatment regimens. For many people living with a lack of mental wellness, medications are a required intervention that can provide the foundation for their recovery (Dash-Martyr, 2003). The effectiveness of medication depends on the appropriateness and efficacy of the drugs used, but also the patient adherence to the regimen (George, Munro, McCaig, & Stewart, 2006). Medication adherence is a significant determinant of successful medical treatment for those living with a lack of physical and mental wellness (Hunter et al., 2015).

Nearly 50% of all people with chronic disorders who are given long-term medication regimens by health care professionals, have adherence issues (Stilley, Bender, Dunbar-Jacob, Sereika & Ryan, 2010). Marginalized populations such as, people who are homeless and those who are vulnerably housed can be especially susceptible to the barriers to medication adherence (Hunter, et al., 2015). Many people recently housed from a state of homelessness are in vulnerable housing situations.

Compliance with a health care regimen is often not possible for people prior to being housed. These individual's main concern is daily physical and psychological survival (Nyamathi & Shuler, 1989). In fact, these individuals often do not have the proper access to medical professionals to begin any sort of treatment when they are homeless. They have a tendency to sacrifice long-term health benefits in order to prioritize their daily life stressors (Surratt, O'Grady, Levi-Minzi & Kurtz, 2015). Regrettably, medication non-compliance drastically reduces the individual's chances of attaining an optimum level of wellness (Dash-Martyr, 2003).

Medication adherence is a complex behaviour dependent upon many intrinsic and extrinsic or contextual factors (Stilley et al., 2010). According to George, et al. (2006), there are two types of non-adherent behaviour, unintentional and intentional. Unintentional behaviour can be due to forgetfulness, poor understanding of the regimen directions, the complexity of the regimen, or physical issues. Intentional is when the individual decides not to take the medication as instructed.

Medication compliance is a multi-factorial phenomenon (Dash-Martyr, 2003). Individuals from all walks of life have many reasons or circumstances for not complying with medication regimens from their medical professionals. However, those who have experienced marginalization are even more likely not to comply

due to situational dynamics. Some of the factors for medication non-compliance are undesirable side effects, poly pharmacy and missed doses (Muir-Cochrane, Fereday, Jureidini, Drummond, & Darbyshire, 2006). Other factors include, lack of perceived benefit of medication, stigma of mental illness, or environmental factors (Dixon, Weiden, Torres, & Lehman, 1997). Additional barriers that influence medication compliance are the cost of medication, decisions influenced by the symptoms of the disorder, and other cultural and attitudinal factors (Dash-Martyr, 2003). Lack of support and client cognition also play a part in medication compliance (George et al., 2006). Research has shown that one of the largest factors for medication non-adherence is a lack of information or knowledge of the medications and regimen due to a poor relationship with individual's medical professionals (Maidment, Brown, & Calnan, 2011).

Many studies have reported the reasons for lack of adherence with medication regimens. Often, when people are asked why they stopped taking their medication, they reflect on the negative side effects. They are unable to weigh the benefits of the medication on their health problem against these unwanted side effects, such as neurological issues, dry mouth, sexual dysfunction, and weight gain (Dash-Martyr, 2003). These side effects affect the daily functioning of the individuals and often influence their decision to follow their medical regimen. For example, if an individual experienced sexual dysfunction due to his medication for schizophrenia, he may temporarily stop taking the medication in order to experience sexual activity with someone. This can then lead to a mental health crisis from missing the doses. Furthermore, poly pharmacy refers to when an individual is prescribed more than four different medications. With multiple drugs, cognitive impairments can affect remembering the modes of administration, the times that they need to be taken and the intended or adverse effects of each medication (Dash-Martyr, 2003). This all makes their medication regimen more complicated and they are more likely to miss doses or mix up medications. These medication regimen factors such as, dosage frequency, number of drugs and complicated administrative instructions lead to regimen complexity and eventual patient non-adherence (George et al., 2006).

Forgetfulness is a significant barrier for medication adherence. Most people have forgotten one or more doses within a medication regimen at one point in their lives. This forgetfulness can lead to missed doses and an exacerbation of symptoms; missed doses can be caused by being out of routine or can be as simple as having a poor memory (Stilley et al., 2010). Another barrier can be a lack of perceived benefit of medication for the individual; people may have a

lack of confidence in the therapeutic value of medication (Muir-Cochrane et al., 2006). If they have a lack of understanding of the severity of their illness, or do not notice the benefits of the medication, they will be unlikely to continue the regimen. The stigma of mental health can be another reason for non-compliance. Society's views on people with a lack of mental wellness can be quite negative. In an attempt for normalcy, people will stop taking their medication. If they are not being treated for an issue, they can pretend that there is nothing wrong. This stigma can also affect people's self-image negatively. Individuals with positive self-image were more likely to accept their illness and comply with their health and medication regimens (Dash-Martyr, 2003).

Environmental or structural barriers can be significant for people in adhering to medication regimens. When someone is experiencing homelessness, they experience structural barriers, such as a lack of privacy, lost or stolen medication, and limited places to store medication (Hunter et al., 2015). When you are without a home, your medication can become dirty or wet from the environment or it can get lost or stolen while sleeping around strangers. Some other environmental barriers that reduce the likelihood of medication adherence are a lack of a clock, limited routines, difficulty accessing a physician, difficulty finding water and transportation to and from appointments and the pharmacy (Nyamathi & Schuler, 1989). Given the living conditions of those experiencing homelessness, it is not a surprise that their environmental or structural barriers limit medication adherence.

For people living in poverty, the cost of required medication can be a huge barrier. People with poor health, lower incomes and low to no medical coverage are far more likely to experience non-adherence to medication due to financial reasons (Hunter et al., 2015). If someone is on income assistance, he or she will likely have a limited amount of health and prescription coverage. However, at times medical plans do not cover the more expensive or experimental medications, and they are often not flexible when it comes to losing equipment or medications. If a person is working part time or in low skill jobs, there is frequently no medical coverage whatsoever. This makes it extremely challenging to follow a medication regimen due to the lack of affordability.

Sometimes people's experience of medication adherence is influenced by the symptoms of their current physical or mental health condition. For example, if someone is unable to get to the pharmacy due to physical limitations, he or she

will miss doses. Another situation can be when an individual experiences a mental health crisis, those symptoms can make adhering to a medication regimen next to impossible. A person's medication use can sometimes reflect a desire to have more control over his or her lives (Deegan & Drake, 2006). Cultural or attitudinal factors can also have a significant effect on adherence to medication regimens. Certain cultures have strong beliefs with regards to medical care and this can affect what a person feels comfortable adhering to. At times, personal beliefs and attitudes can affect medication management. People's health beliefs, life experiences and behaviour can all affect their medication adherence (George et al., 2006). For example, if people are very proud and believe that those who are sick exhibit qualities related to weakness, they may disregard their health or medication regimen in order to save face.

A lack of personal support is an additional barrier to medication adherence. When an individual does not have linkage to family and friends, or social interactions of any kind, he or she may be less likely to follow a medication regimen (Nyamathi & Schuler, 1989). Recovery is often not possible without social support and community. For some individuals with severe and persistent mental or physical health conditions, they require someone to take charge of their medication regimen. If there is no support available, people may not take medications as prescribed. In addition, medication non-adherence may be influenced by an individual's cognition. Cognitive function predicts non-adherence to medication across diagnoses (Stilley et al., 2010). Some executive functioning abilities are, problem solving, developing plans to adhere to medication requirements, planning and organizing schedules and determining what to do if a dose is missed (Stilley et al., 2010). If an individual has lower cognitive functioning, these tasks would be very challenging, if not impossible. Typically these individuals require support in order to maintain a medication regimen.

Individuals and their families often have a lack of information with regards to the medication regimen and the side effects and interactions that occur with specific drugs (Dash-Martyr, 2003). Incomplete and inaccurate information exchanged from a medical professional to someone living with a lack of physical or mental wellness compromises the effectiveness and safety of the medication (Maidment et al., 2011). Sometimes, the lack of relationship between the medical professional and their patient leaves the patient feeling as though he or she has no choice. They are prescribed a medication regimen and their voice is not heard in the process. This lack of choice can increase the risks associated with

medication and increases the likelihood of non-adherence to the regimen (Maidment et al., 2011).

Medication Management and Housing Stability

Medication management is directly linked to housing stability. Housing insecurity has been linked to poor health, inadequate medical care access and premature mortality (Surratt et al., 2015). Housing and food insecurity are environmental stressors that contribute significantly to higher psychological stress, reduced access to health care, higher substance use dependence and reduced drug adherence (Surratt et al., 2015). People that have been previously homeless have increased risk of housing insecurity and medication non-adherence compounds that risk. According to Drake et al, (1991), non-compliance with medication, alcohol use and negative symptoms account for 30% of variance in unstable housing. Many individuals whose lack of mental wellness is severe and persistent and who are living in the community live in stressful, transient or substandard housing that is already unstable (Dash-Martyr, 2003). Housing instability is strongly correlated with use of alcohol and street drugs, psychosocial problems, psychiatric symptoms and non-compliance with medication (Drake, Wallach & Hoffman, 1989). Medication non-compliance can be a dangerous behaviour that increases individual's risks of homelessness (Drake et al., 1991).

Housing stability can be defined as being able to access and keep safe, secure and affordable housing over time as ones needs change (Toronto Shelter, Support & Housing Administration, 2014). Many factors can contribute to housing instability, such as inadequate income or employment, substance use, a lack of affordable housing, family breakdown, isolation, and challenges or changes to a person's physical or mental health (Toronto Shelter, Support & Housing Administration, 2014). Medication non-adherence may lead to physical or mental health instability. Challenges or changes to a person's physical or mental health can be a factor contributing to housing stability (Toronto Shelter, Support & Housing Administration, 2014).

When individuals are experiencing poor physical health, they may face housing instability. If they are unwell to the point of being unable to complete daily living tasks, their homes may become dirty or in disrepair. If they are unable to leave the apartment, they may not be able to pay their rent or their utilities. If the individuals are unable to take care of themselves, they may experience a crisis

that will lead them to hospitalization. Compromised mental wellness can also impair an individual's ability to perform daily living activities, manage individual and community responsibilities and engage in social interactions, all of which can lead to housing instability (Helfrich, Simpson & Chan, 2014). Some impairments to daily living activities for these individuals can be, paying bills, cleaning their apartment, reporting damages, following tenancy rules and regulating noise and guests in their home. A lack of mental wellness can also lead to mental health crises. When people are experiencing a mental health crisis they are at risk of antisocial behaviour, harassment, depression and loneliness, which are all factors that lead to evictions for this population (Warves, Crane & Coward, 2013).

In order to promote housing stability for individuals requiring medication regimens for physical or mental wellness, medication adherence needs to be improved. Research has shown several ways to improve compliance. Not only does medication adherence affect housing stability, housing stability affects medication adherence; they are very closely related. Stable housing increases the probability that individuals will adhere to their medications. In addition, having a primary care provider, having wrap-around services for individuals, and increasing patient education about medication through a solid relationship with their health care providers all can increase an individual's likelihood of adhering to their medication.

Being housed can improve people's physical and mental health by decreasing fatigue and stress, allowing them to focus on their health care needs such as, adhering to a medication regimen (Kidder et al., 2007). Housing status is a predictor of health status, emergency room use, and medication adherence (Kidder et al., 2007). While having stable, safe and secure housing can alleviate these significant barriers, individuals may still experience medication non-adherence for other reasons (Hunter et al., 2015). When this occurs, it can affect their housing stability significantly. People need more than just housing to increase their adherence to medications.

When individuals have experienced homelessness, there are many barriers to proper medical supports. When they are housed, they have an increased likelihood to access a primary care provider. Instead of using the emergency room and walk-in clinics, they can acquire one professional who will manage their health care needs. Emergency departments and walk in clinics are not structured to encourage long-term medication adherence (Hunter et al, 2015).

Having a primary care provider (Hunter et al., 2015) and stable and supportive environment may enhance medication adherence (Dash-Martyr, 2003).

Within this primary care provider setting, wrap-around supports are possible. People who have been previously homeless may benefit from these supports to increase physical and mental wellness and medication adherence. Implementation of comprehensive, wrap-around supports work to address unmet basic needs with marginalized individuals (Surratt et al., 2015). It allows for a more holistic approach to wellness. Having more supports allows for individuals to create strategies for their medication adherence. One example of this is, creating ritual cues for establishing a daily pattern. This can focus on certain times of day, daily habits or meal times (Muir-Cochrane et al., 2006). Having the health care provider and the individual's supports really get to know the person will assist in this process.

The relationship between the individual with a lack of mental or physical wellness and their health care provider is an important one. This relationship should be collaborative and built on trust. Trust plays a critical role in medication management and leads to more open communication about medication leading to a reduced rate of errors (Maidment et al., 2011). This trust is a fundamental aspect of human relationship and is especially relevant in situations of vulnerability (Maidment et al., 2011). Marginalized populations can be especially vulnerable. Taking medications is readily associated with uncertainty and vulnerability; therefore trust plays a huge part in medication management (Maidment et al., 2011).

Some healthcare professionals focus on compliance and control with individuals. This attitude coupled with a lack of open communication may damage trust as individuals may experience negative effects of their medication that they feel they were not warned about (Maidment et al., 2011). When individual's experience negativity with their health care provider, they are less likely to adhere to health care regimens. The health care provider's role is not to ensure compliance, but to educate the individual. They should learn how to use their medications, the side effects, how to manage their own illness and other coping strategies (Deegan & Drake, 2006). Individuals need to learn how to develop practical solutions to using medication in a way that supports recovery (Deegan & Drake, 2006).

Quality therapeutic relationships focusing on choice, empathy and clear communication are vital in developing trust between the individual and their health care provider (Maidment et al., 2011). Fostering medication adherence with people requires adopting an attitude of collaboration and acceptance that increases education about medication and other aspects of treatment (Dash-Martyr, 2003). Health care providers should work with the individuals to create health plans. Including the individual experiencing the lack of wellness in their treatment plan creation takes into consideration the individual's needs and helps to understand their health care issues from their perspective (Dash-Martyr, 2003). Choice, empowerment and self-determination are all values important to physical or mental health recovery (Deegan & Drake, 2006). This collaborative relationship allows for both parties involves being responsible for creating a treatment plan based on empirical evidence and the individual's unique circumstances (Deegan & Drake, 2006), allowing for two experts in the situation. One expert is aware of scientific literature and has clinical experience, while the other knows their preferences, subjective experiences, values, concerns and life context (Deegan & Drake, 2006).

The link between medication management and housing stability is strong. Because of the health status of homeless and recently housed individuals, medication is often a part of their recovery. This medication can be vital to their ability to gain physical and mental wellness. Non-adherence to medication affects an individual's health and housing status and steps need to be taken to promote housing stability. Having a primary care provider with wrap-around support that takes the time to build a trusting and compassionate relationship with the individual can make a significant difference. People are much more likely to adhere to their medication if they are well informed and feel they have a say in the details of their regimens. Increasing medication adherence positively affects housing stability.

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