



The helplessness and invisibility of the mental health of homeless people in Brazil

Irwin Rose Alencar de Menezes,^a Ricardo Riyoiti Uchida,^b Damiao Soares Tenorio,^c Jaime Emanuel Brito Araújo,^d Nadia Nara Rolim Lima,^e Gabriel Cesar Dias Lopes,^f and Modesto Leite Rolim Neto^{g*}

^aLaboratory of Pharmacology and Molecular Chemistry, Department of Biological Chemistry, Regional University of Cariri-URCA, Crato, Brazil

^bMental Health Department, Santa Casa de São Paulo School of Medical Sciences, São Paulo, Brazil

^cState Attorney of Ceará, Researcher and Professor at the University of Fortaleza – UNIFOR, Fortaleza, Ceará, Brazil

^dFaculty of Medicine, Federal University of Campina Grande – UFCG, Cajazeiras, Paraíba, Brazil

^ePostgraduate Program (Master and Doctorate) in Neuropsychiatry at the Federal University of Pernambuco – UFPE, Recife, Pernambuco, Brazil

^fUnilogos International Group, Logos University, Miami, FL, United States

^gFaculty of Medicine, Federal University of Cariri – UFCA, Barbalha, Ceará, Brazil

Homeless people suffer more mental health problems than many other social risk groups. This is due to the situation to which they are subjected. They are exposed to an extreme space of emotional insecurity influenced by different social determinants, as well as by the complicated psychiatric care networks. The lack of public policies is complex with regard to the care of their psychological pain and suffering in Brazil, particularly linked to the social inequalities and vulnerabilities where this population is constantly exposed. Consequently, evidence highlights that 68% to 85% of homeless people have a mental health problem, mainly associated with some type of chemical dependency and/or concomitant affective and/or emotional disorders.^{1,2,3} Notably, 45% of the homeless people are at high risk of suicide and 9% to 29% have attempted suicide.⁴

It is important to highlight that in vulnerable living environments, experiences of exclusion, fear, and loneliness are diverse, as well as undiagnosed and untreated psychiatric disorders and that these urgent needs for psychosocial care contribute to serious mental health outcomes.⁵ If we observe, physical and psychological stress act greatly in the daily lives of homeless people, caused, particularly, by the lack of financial resources, social and legal support, and the constant struggle for housing and satisfying hunger.^{1,2} In this context, substance use gains strength in trying to meet their needs. In Brazil, moderate or more severe symptoms in terms of depression, anxiety, and stress are prevalent in homeless people with large repertoires of narratives of psychological pain and suffering, generally related to active living with high rates of overdose and suicide in an

environment where they settle.⁶ The high burden of substance use disorders and schizophrenia spectrum disorders need special attention in the development of mental health services.⁷ Figueiredo et al.⁸ in a recent comment published by The Lancet Americas, dealing with “The hunger and the defence of homeless in Brazil”, states that it is a human rights emergency, where many people live the same experience at the same time, with extreme difficulties regarding the limit and frustration that this implies. It is poverty that causes important changes in the chances of surviving the obvious.

In the current political situation in Brazil, conflicts and antagonisms remain between the individual and collective needs of homeless people. For example, the lack of medical spaces in the stronghold of the street experience and neglect of their disease and the extreme lack of autonomy in their narratives of psychological pain and suffering. Decision-making is generally circumscribed by the reproduction of social life that keeps them anonymous and on the fringes of society. They are the wanderers of extreme poverty.^{6,8} The services that try to solve this problem in Brazil are the Street Clinics (*Consultórios de rua*), which were established by the National Primary Care Policy (*Política Nacional de Atenção Primária*) in 2011, and aim to expand the access of the homeless population to health services. Its teams are adapted to this context, carrying out itinerant consultations and developing articulated actions with the Basic Health Units (*Unidades Básicas de Saúde*) of the locality.⁹

According to the National Mental Health Policies and Programs Scenario (*Cenário das Políticas e Programas Nacionais de Saúde Mental*), in seven years, only 33 Street Clinic Teams were installed across the country. However, investment is necessary as the number of homeless people has more than doubled. The Institute of Applied Economic Research (*Instituto de Pesquisa Econômica Aplicada* - IPEA) estimated that, in 2017, more than 101,000 people lived on the streets and, in

The Lancet Regional Health - Americas
2022;15: 100368

Published online 21 September 2022

<https://doi.org/10.1016/j.lana.2022.100368>

*Corresponding author.

E-mail address: psiquiatria2020@bol.com.br (M.L. Rolim Neto).

© 2022 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

2020, this number reached 221,869. The lack of available, up-to-date, and quality data makes it difficult to monitor important processes that are necessary to move forward.¹⁰

In this way, interdisciplinarity must be articulated with defined and consistent responsibilities.⁹ The exchange between different areas of knowledge and management is necessary for the improvement of public policies and also for the understanding of diversities.^{5,6,7} When it comes to mental health, the existence of this diversity can be as prevalent as aversion to it, often translated as stigma in relationships with homeless people that leads to situations of exclusion and isolation.¹⁰ Given the gravity and urgency of the topic, it is necessary to challenge the Brazilian political situation in the face of helplessness, disorganization, invisibility, and neglect of homeless people.

Contributors

IRAM, RRU, DST, JEBA, GCDL and MLRN: conceptualization; data curation; formal analysis; funding acquisition.

NNRL, GCDL, IRAM, RRU and MLRN: Investigation; methodology; project administration; resources.

IRAM, RRU, GCDL and MLRN: writing-review & edition.

Declaration of interests

MLRN, the corresponding author of this manuscript, certify that the contributors' and conflicts of interest statements included in this paper are correct and have been approved by all co-authors.

Funding

Productivity Scholarship from the National Council for Scientific and Technological Development (CNPq) – Brazil.

References

- 1 Bedmar MA, Bannasar-Veny M, Artigas-Lelong Berta, et al. Health and access to healthcare in homeless people. *Medicine*. 2022;101(7):e28816.
- 2 Schreiter S, Bempohl F, Krausz M, et al. The prevalence of mental illness in homeless people in Germany. *Dtsch Arztebl Int*. 2017;114:665–672.
- 3 Zhang L, Norena M, Gademann A, et al. Concurrent disorders and health care utilization among homeless and vulnerably housed persons in Canada. *J Dual Diagn*. 2018;14:21–31.
- 4 Ayano G, Tsegay L, Abraha M, Yohannes K. Suicidal ideation and attempt among homeless people: a systematic review and meta-analysis. *Psychiatr Q*. 2019;90:829–842.
- 5 Tweed EJ, Thomson RM, Lewer D, et al. Health of people experiencing co-occurring homelessness, imprisonment, substance use, sex work and/or severe mental illness in high-income countries: a systematic review and meta-analysis. *J Epidemiol Community Health*. 2021;75:1010–1018.
- 6 de Matos Brasil AAG, Correia da Silva KVC, et al. Social inequalities and extreme vulnerability of children and adolescents impacted by the covid-19 pandemic. *Lancet Reg Health Am*. 2022;5:100103.
- 7 Gutwinski S, Schreiter S, Deutscher K, Fazel S. The prevalence of mental disorders among homeless people in high-income countries: an updated systematic review and meta-regression analysis. *PLoS Med*. 2021;18(8):e1003750.
- 8 Figueiredo TMR, Lins HCCL, Cassiano CJM, et al. The hunger and the defense of homeless in Brazil. *Lancet Reg Health Am*. 2022;6:100108.
- 9 Rosa D, Barrancos L. Políticas de Saúde Mental: direito de todos e dever do Estado. *Folha de São paulo*. 2022. Available from: <https://www1.folha.uol.com.br/blogs/saude-em-publico/2022/06/politicas-de-saude-mental-direito-de-todos-e-dever-do-estado.shtml>.
- 10 Instituto de Estudos para políticas de Saúde – IEPS/Cactus Instituto. (2022). Cenário das políticas e programas nacionais de saúde mental. Available from: <https://ieps.org.br/wp-content/uploads/2022/06/cenario-politicas-programas-nacionais-saude-mental-ieps-instituto-cactus.pdf>.