

Mental disorders and homeless people: from substance abuse and suicide attempts to their perceptions of support networks

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Trastornos mentales y personas sin hogar: desde el abuso de sustancias y los intentos de suicidio hasta sus percepciones de las redes de apoyo

RESUMO

Objetivo: estudar de que maneira a população em situação de rua de Joinville-SC - e portadora de transtornos mentais - lida com questões como tratamento do transtorno, uso e abuso de álcool e drogas, e suas experiências em redes de apoio destinadas a elas. Método: Coletou-se depoimentos frente a pergunta inicial: Como você lida com transtornos mentais como: depressão, ansiedade entre outros? Os depoimentos foram transcritos e em sua análise foi utilizada uma abordagem qualitativa, visando a identificar as concepções das participantes como crenças, valores, motivações e atitudes. Resultado: Os resultados foram advindos de 5 participantes (todos homens) que atendiam aos critérios estabelecidos pela pesquisa: portadores de algum transtorno mental com comprovação diagnóstica; com clareza nos depoimentos e que traduziam. Questões relativas a estar deprimido e ir morar na rua, de entender que é doente e não "viciado", de experiências frustrantes em abrigos destinados a eles e até tentativa de suicídio estiveram presentes nos discursos. Conclusão: A saúde mental das pessoas em situação de rua precisa ser mais bem trabalhada por meio da qualificação das redes de apoio existentes para prestação de uma assistência a saúde mental mais efetiva.

DESCRIPTORES: Pessoas em situação de rua, Assistência a saúde mental, Políticas em saúde

ABSTRACT

Objective: to study how the homeless population of Joinville-SC - and with mental disorders - deals with issues such as treatment of the disorder, use and abuse of alcohol and drugs, and their experiences and support networks aimed at them. Method: Testimonies were collected against the initial question: How do you deal with mental disorders; like depression, anxiety and others? The testimonies were transcribed and a qualitative approach was used in their analysis, aiming to identify the participants' conceptions such as beliefs, values, motivations and attitudes. Results: The results came from 5 participants (all men) who met the criteria established by the research: patients with a mental disorder with diagnostic proof; clearly in the testimonies and that they translated. Issues related to being depressed and going to live on the street, understanding that they are sick and not "addicted", frustrating experiences in shelters for them and even attempted suicide were present in the speeches. Conclusion: The mental health of homeless people needs to be better worked through the qualification of existing support networks to provide more effective mental health care.

DESCRIPTORS: Homeless people, Mental health care, Health policies

RESUMEN

Objetivo: estudiar cómo la población sin hogar de Joinville-SC - y con trastornos mentales - aborda temas como el tratamiento del trastorno, el uso y abuso de alcohol y drogas, y sus experiencias y redes de apoyo dirigidas a ellos. Método: Se recopilaron testimonios contra la pregunta inicial: ¿Cómo se manejan los trastornos mentales? como depresión, ansiedad y otros? Los testimonios fueron transcritos y se utilizó un enfoque cualitativo en su análisis, con el objetivo de identificar las concepciones de los participantes como creencias, valores, motivaciones y actitudes. Resultados: Los resultados provinieron de 5 participantes (todos hombres) que cumplieron con los criterios establecidos por la investigación: pacientes con trastorno mental con prueba diagnóstica; claramente en los testimonios y que tradujeron. Temas relacionados con estar deprimidos e irse a vivir a la calle, entender que están enfermos y no "adictos", experiencias frustrantes en albergues para ellos e incluso intentos de suicidio estuvieron presentes en los discursos. Conclusión: Es necesario trabajar mejor la salud mental de las personas sin hogar mediante la calificación de las redes de apoyo existentes para brindar una atención de salud mental más eficaz.

DESCRIPTORES: Personas sin hogar, Atención en salud mental, Políticas de salud

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INTRODUCTION

The number of homeless people (HP) has intensified in recent years and is out of step with the basic needs recommended by human rights. This population increased for various reasons, such as poverty, structural unemployment, migration, chemical dependency, family conflicts and also the manifestation of untreated mental disorders; the latter being one of the most frequent in HP, corresponding to 30% of homeless people.¹

Mental disorders are clinical conditions that include changes in thinking, emotions and/or behavior. They are considered pathological when the feeling of anguish makes it impossible to carry out routine activities and generates a certain degree of compromise to their safety. The effects of a mental disorder can be short-lived or lifelong.²

Considering the HP, in which there is a negative view of this population, associated with a neglect that leads them to invisibility and prejudice; it must be considered that many of the HP have some mental disorder, and because of this they lead to an

abandonment regarding health care for this condition, as well as a lack of empathy on the part of society; which can worsen conditions leading to suicide.²

It is in this situation that the question of this research arises, expressed in the question: what is the perception of HP with mental disorders on how to deal with their health problem? This condition occurs due to the adversities and vulnerabilities that this population presents.

Taking care of mental disorders in a stable situation is already a great challenge, but when compared to someone who faces these problems living on the street, alone and without a support network, it is much greater. It is well known that such disorders affect a large portion of the population, but little is known about this condition in HP.² Even though great advances have been made in the understanding and treatment of mental illnesses, the stigma that surrounds them still remains and in homeless individuals this stigma is squared.

Among homeless people, the main expected disorders are depression and anxiety, and there is also the possibility of a group of schizophrenic psychoses that constitute a

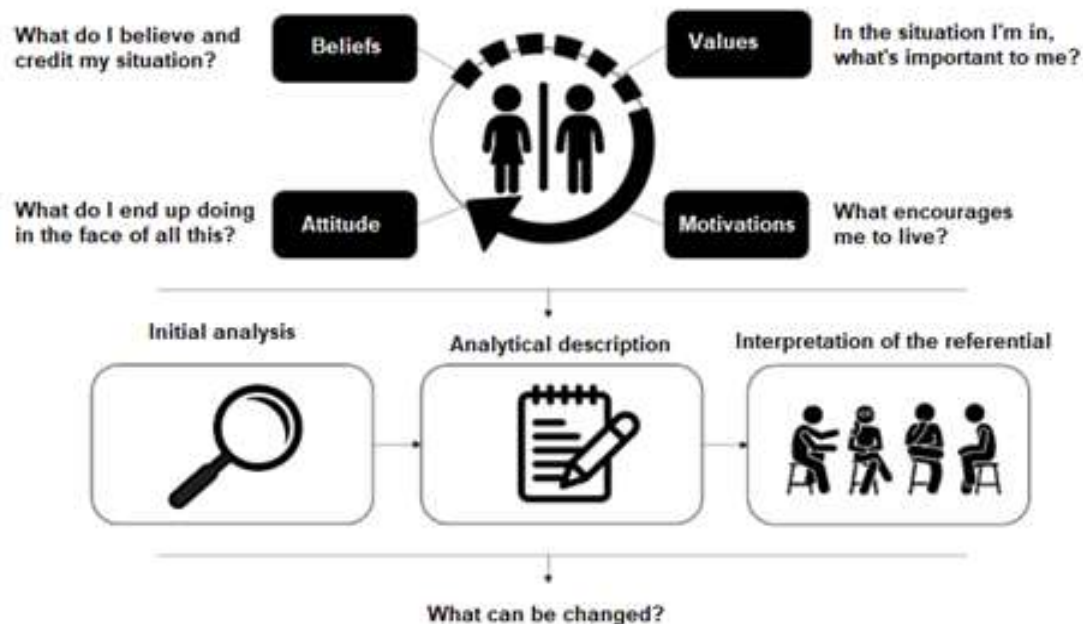
specific subgroup among homeless people, with their own demographic, biographical and behavioral characteristics, causing a high prevalence of mental disorders among homeless people due to several factors including the fact that they are not treated due to lack of access to the mental health care system.³

In this sense, despite the relevant incidence of psychiatric diseases in people in this vulnerable daily life, difficulties are observed in the treatment of these individuals who, on several occasions, resort to illicit substances, such as alcohol and drugs. Thus, we aim to understand these in support networks and the health system, in addition to understanding the relationship between mental disorders and the use of narcotics.

With this, the objective was to study how the homeless population of Joinville-SC - and with mental disorders - deals with issues such as treatment of the disorder, use and abuse of alcohol and drugs, and their experiences in support networks aimed at them.

METHOD

Figure 1: Process of analysis of the data obtained during the research.



This study was carried out through content analysis and thematic approach was carried out in three stages, as determined by Triviños 4 and Minayo 5: Pre-analysis (organization of material and systematization of ideas); analytical description (data categorization into recording units); referential interpretation (data processing and interpretations); choice of cases that met the research demand regarding its investigative question: what is the perception of HP with mental disorders on how to deal with their health problem?

The collection took place through an interview with homeless people who reported mental disorders - using questionnaires prepared by the researchers - attended at the POP Center in Joinville SC, in July 2020. Testimonies were collected in front of the initial question: How do you deal with mental disorders; like depression, anxiety and others?

Those who did not accept to participate in the research, people with cognitive problems and with difficulty in expression were excluded. The testimonies were transcribed and a qualitative approach was used in their analysis (Figure 1), aiming to identify the participants' conceptions such as beliefs,

values, motivations and attitudes. 4,5

The purpose of the research is a dense, reflective and provocative discussion to broaden reflections on the subject of mental health of the HP.

The final step corresponded to the classification of the speech segments according to the thematic units, seeking to understand the way in which the patients experience and organize themselves in the face of the street situation, considering mental disorders; such as depression, anxiety, etc.

As it involved human beings, the research was submitted to the Research Ethics Committee (CEP) of UNIVILLE, obtaining an approval protocol with registration CAA 26845219.1.0000.5366, and all participants agreed to complete the informed consent form.

RESULTS

The results came from 5 participants (all men) who met the criteria established by the research: people with a mental disorder; clearly in the statements and which translated the reasons for being on the street (beliefs); as well as what was important, being homeless (values), as well as what

motivated them to live even in adversity (motivations) and what this translated into actions (attitudes).

The speeches were transcribed and the excerpts most linked to the theme of the proposed method were then selected for reflection.

DISCUSSION

Factors that predispose people to find themselves on the streets

Simultaneously with the growth of cities and the current economic model, combined with the issue of the pandemic, there is an increase in the homeless population, as a reflection of the social exclusion caused by the non-suitability of these people to the current socioeconomic situation. 6

This finding comes from several factors, such as: [1] a shrinking labor market that increasingly demands professional qualification, [2] family conflicts, [3] chemical dependency and psychological disorders not adequately treated, including by the family. In this sense, it is noted the difficulty with society dealing with such a pre-condition of HP. In this discussion, issues of HP individuals will be addressed from their

perspective, with a focus on psychic issues, including depression, anxiety and schizophrenia, being conditions that properly treated, would perhaps prevent the condition of HP. 3,7

Mental disorder as a condition of people living on the streets.

"Yes, yes, every day [I get sad, depressed]! Because if you are going to analyze it, you are only doing yourself harm [being on the street], then there is a demand, a feeling of guilt"

"The guy who commits drug crime, goes to live on the street. I don't know if you guys see that either, but he's sick, he needs help."

It is estimated that about 49.48% of homeless people have some type of mental disorder, with the proper diagnosis made by a medical professional. 8

Allied to this clinical condition, two conditions stand out: [a] the disorder as the cause of the option to be with HP; and/or the [b] family neglect, in a process of non-acceptance of the person's illness, which sometimes ends up configuring a lack of support and understanding, which makes the person without reception or understanding at home choose to live on the streets. 8

From the speeches collected, the ambiguity in the situation is noted, in which "being on the street" is a reason that leads to a depressive state, at the same time, this state is what makes it the predictive factor to keep the option of being homeless.

In this condition - with the considerable prevalence of mental disorders among the HP - and the negligence involved in relation to mental health therapy, which includes non-acceptance by the patient or non-understanding of the process, is that the relief of psychic pain is often "treated" with substances considered "drugs" (licit or illicit), which worsens the clinical picture and contributes to more serious complications. 9

Still considering the issues of invisibility

and existing prejudices, the search for "drugs" ends up being seen only from a moral and not a clinical point of view as discussed here, with a vision based on "use of will" and "free will for wrong choices";¹⁰ clashing with the clinical origin that mental disorders have, as well as the improper way of treating that is sometimes the only one

"I feel vulnerable, abandoned, sad... It's just sadness every day, so I have to drink to make it go away, but then after the alcohol wears off, it seems like it's twice as sad. It's sadness and fear"

within the reach of HP.

The vision of being sick is perceived when the question is explicit in the speech that "he is sick, he needs help".

Without treatment and support: alcoholism and drug use as a way of dealing with depression and other mental disorders

"I feel vulnerable, abandoned, sad... It's just sadness every day, so I have to drink to make it go away, but then after the alcohol wears off, it seems like it's twice as sad. It's sadness and fear"

"I had a thought of suicide a while ago, I tried twice, but it didn't work, I already stopped the car, I was thinking like this, you know? I tried to hang myself too, but not today"

The consumption and abuse of substances considered to be drugs - including alcohol, marijuana, cocaine and crack, among others - is common among homeless people, alcohol being the most used drug, due to its legality and easy access, in addition to being widely accepted socially. 10,11 During the pandemic, alcohol consumption increased by about 30% among homeless people, and the consumption of alcohol also resulted in alcohol distributed for hygiene, which ended up being used for recreational purposes or for the relief of psychic pain. 10

The scarcity of treatments for psychiatric diseases for the homeless population is highlighted, due to several factors, such as: [a] the poor preparation of health professionals to care for these individuals, [b] the difficult access to them, [c] the difficulties of monitoring them in fixed locations, and [d] the low adherence to therapeutic measures. 12 In addition, there is a dissociation between alcohol and drug consumption and its relationship with mental disorders. And this condition leads to a tripod of events that can be summarized as follows 10:

- The abuse of these substances has been interpreted as an attempt to escape the hostile reality that these individuals face on the streets and as a "treatment" for psychic pain resulting from the mental disorders they suffer.

- The abuse of these substances, together with the hostile environment of the streets, leads these people to psychic disorder.

ders, which in turn find in alcohol and drugs the solution to the discomforts they feel.

- The lack of treatment for mental illness in this population leads these individuals to drug abuse as a form of therapy.

Added to this is the issue of aggravation that can lead to suicidal conditions, and the association of this practice with the abusive use of narcotic substances is common; there being – in most cases – preventive measures or risk identification for suicide. 11,12

What is available for the care of people with mental disorders living on the streets: contrasts

“And thanks to our crappy government, our system that has treated us like crap, our recovery centers, our places that do not support us to get out of chemical dependency. It’s garbage. Are pastors saying that they are pastors who preach the word of God and go there to say what? When you get there, they say: ‘You came from the street, eating from the garbage’”.

“Look, these are things that I won’t even talk about because I don’t know if you are so prepared to know what happens in the recovery center. Many are beaten, many go through false imprisonment, many go through terrible situations.”

The homeless population is faced with several vulnerability factors, such as lack of housing and poor hygiene conditions. There are several initiatives that aim to help this population, and many end up associating the person’s condition with moral and religious issues, which makes effective and appropriate therapeutic action difficult. 13

Complaints about the way they were treated in alcohol and drug rehabilitation places evidence the existence – even in Brazil – of unprepared places in which many HP end up preferring the hostile atmosphere of the street to these places. 14

The social vulnerability of this population together with the absence of properly

prepared institutions leads to a worsening of the confrontation of psychic disorders in these people who, on several occasions, will resort to substance abuse as a “therapeutic” alternative. In Brazil, the exact number of institutions that act “independently” is not

“Look, these are things that I won’t even talk about because I don’t know if you are so prepared to know what happens in the recovery center. Many are beaten, many go through false imprisonment, many go through terrible situations.”

yet known, and it is also not known how many use unconventional methods to treat the mental disorders that HP presents, and there is a lack of supervision over these actions.

However, there is, via the Unified Health System (SUS), the organization of a support network to meet the demand of this population, and that is still being structured to fulfill its objective of helping people who are on the streets, including those with mental disorders. 14

Mental health care programs and limitations to welcome homeless people: Existing limitations

“I’ve used CAPs, it was good, they did detox, group therapy, for me it was great! it was the first time I stopped like this, I didn’t use it for a while, it was the first medicine so when I started taking medicine it was there.”

“I haven’t been to CAPs for about 8 years, but in every city I go, I go to CRAS, CREA or CENTRO POP”

Among the support networks for the care of homeless people with mental disorders, we have the CAPS (Psychosocial Care Center) is a health service provided by the SUS (Unified Health System) to exclusively treat patients suffering from mental disorders, psychoses, severe neuroses, drug addicts and other psychiatric pathologies. 15

This government institution was created to fight the old asylums, and to offer a quality service to these patients, with professionals trained to offer a more humane and dignified treatment. To receive care at the CAPS, the patient can look for a unit of their own free will, or they can be referred by the Family Health Strategy or some other institution. Upon arrival, the patient is analyzed by the professional on duty, to understand the clinical condition he is in. 14,15

Each patient has a Reference Therapist, accompanying the case, and thus creating an important trust relationship for these types of patients. The Therapist is responsible for carrying out the Singular Therapeutic Project (PTS - Projeto Terapêutico Singular), which are a series of patient acti-

vities and therapies within the CAPS, such as psychotherapy sessions, medical consultations, therapeutic workshops, among other activities, and rational access to medicines. 16

The patient should start his treatment in intensive mode, and as he has significant improvements in his clinical condition, he should migrate to semi-intensive and later, non-intensive. Among the users of support networks, there are differences regarding the effectiveness and quality of this service. 13

However, the criticism that is made of this system is that it is created by people who do not experience the reality of those who are in the condition of HP, and they

are not heard as to how it would be interesting to serve them, evidence of their invisibility even in this context. 17

CONCLUSION

Analyzing the information collected in this article, it can be concluded that substance abuse such as drugs and alcoholic beverages are used by the homeless population who have mental disorders as a way of trying to escape and escape from the hostile environment and lack of humanization in general and the lack of assistance that these individuals go through.

This survey is of vital importance for health practices as it identifies a point of

weakness that affects this specific portion of the homeless population. Tactics, strategies and forms of treatment can be formed based on this idea, helping and making the care of these people more effective and human.

For these strategies to be traced and created, it is necessary to make changes that solve the flaws of the current system. Although there are places made for the treatment and care of homeless people with mental illnesses, they have several flaws, given the evaluations and opinions presented. Exploring and eliminating these flaws may be the most important step towards creating adequate care for this population.

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